

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

CERTIFICATE OF DEATH					
Died at	Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	0	2	15
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Alexander Brown		Father's Birthplace	Annapolis	
Mother's Maiden Name	Emma Matthews		Mother's Birthplace	Annapolis	
Name of person giving Information	William Matthew		How related to deceased	Uncle	

CAUSES OF DEATH

Primary

Ulcer of neck

How long

14 day

Immediate

Inflammation

How long

Are the name, age, sex, color, date
and place correctly given above?

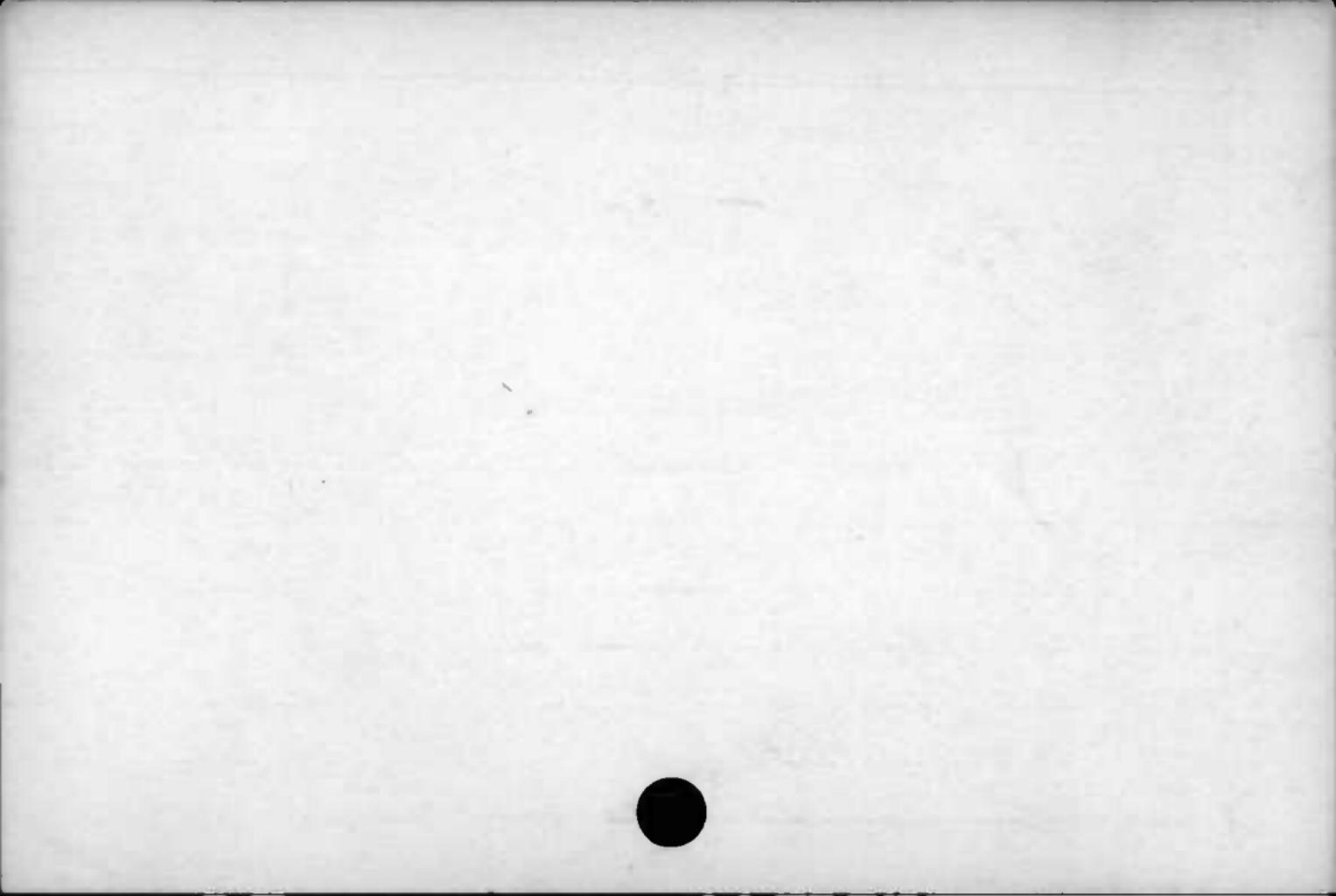
yes

Signature of
Physician

Address

878 Campbell
38 Scott

Accident or Suicide?



Name
in
Full

Bryan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month	Day	Years	Months Days
Sex Male	Color or Race	Occupation	Birth-place	Annapolis
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name	Edward Bryan	Father's Birthplace	Hoboken	
Mother's Maiden Name	Mary Butler	Mother's Birthplace	Hoboken	
Name of person giving Information	Mary Butler	How related to deceased	Mother	
CAUSES OF DEATH				

PHYSICIAN
OR CORONER

Primary
Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Lizzie Tax

Address

Midwife
Annapolis Md

Accident or Suicide?



Name in Full

Certificate of Death

Florence Burley

Town

County

MARYLAND

Died at

Williams Anne Brundel

Month Day

Y.

M.

D.

Native of

Occupation

Date 19

03 March 24

Age 8

Anne Brundel

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Henry Burley

Mother's

Name

Maiden Name

Carville Marshall

Cause of

Primary

Tuberculosis

How long sick

3 weeks

Death

Immediate

Aprostrophy

Accident, Suicide, Homicide

Reported by

Dr R Williamson MD

Address

Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas Cahill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East Brooklyn</u>		Town	County	
Date of death 1903	Month 3	Day 16	Years Age 25-	Months
Sex <u>Male</u>	Color or Race	<u>White</u>	Birth- place	<u>Ireland</u>
Married, Single or Widowed	<u>Single</u>		Occupation	<u>Oyster dredger</u>
Name of Wife or Husband				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

J W Park

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowning

172

How long

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. L. Hawkins
Brooklyn ma

8

Accident or Suicide?



Name
in
Full

Davidson A. Claude

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County		MARYLAND		
Annapolis	Anne Arundel				
Date of death 1903	Month March	Day 12	Age 58	Months —	Days 9
Sex Male	Color or Race white	Birth- place Annapolis			
Married, Single or Widowed Married	Occupation Marine Labor				
Name of Wife or Husband Elizabeth A. Bacil					
Father's Name Lewis Claude	Father's Birthplace Annapolis				
Mother's Maiden Name Elizabeth Cotton	Mother's Birthplace Mass				
Name of person giving Information Elizabeth A. Claude	How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of
Exhaustion

How long

6 Monthy

Immediate

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

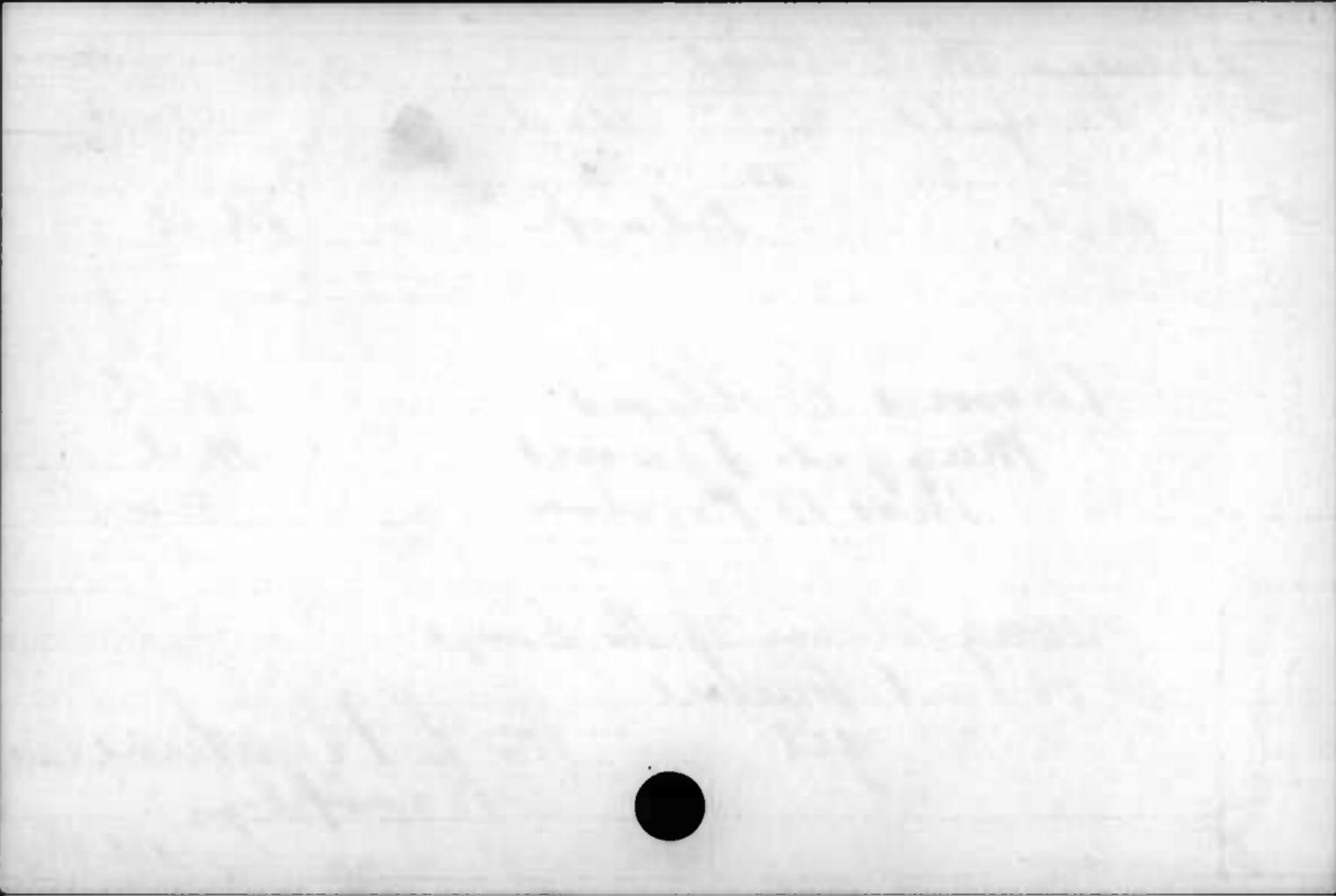
Signature of
Physician

Address

Geo Wells, M.D.
Annapolis
Md

Accident or Suicide?

J



Name
in
Full

Thomas M. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Fairfield	a a			
Date of death	Month	Day	Years	Months	Days
1903	3	20	Age	3	
Sex	Color or Race	Occupation			
Male	Black		ma		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Thomas Collins	Father's Birthplace	ma		
Mother's Maiden Name	Maggie Farms	Mother's Birthplace	ma		
Name of person giving Information	Thos B Norton	How related to deceased	no		

PHYSICIAN
OR CORONER

8

Accident or Suicide?

Primary

Congestion of the lungs

How long

5-

Immediate

Heart Failed

How long

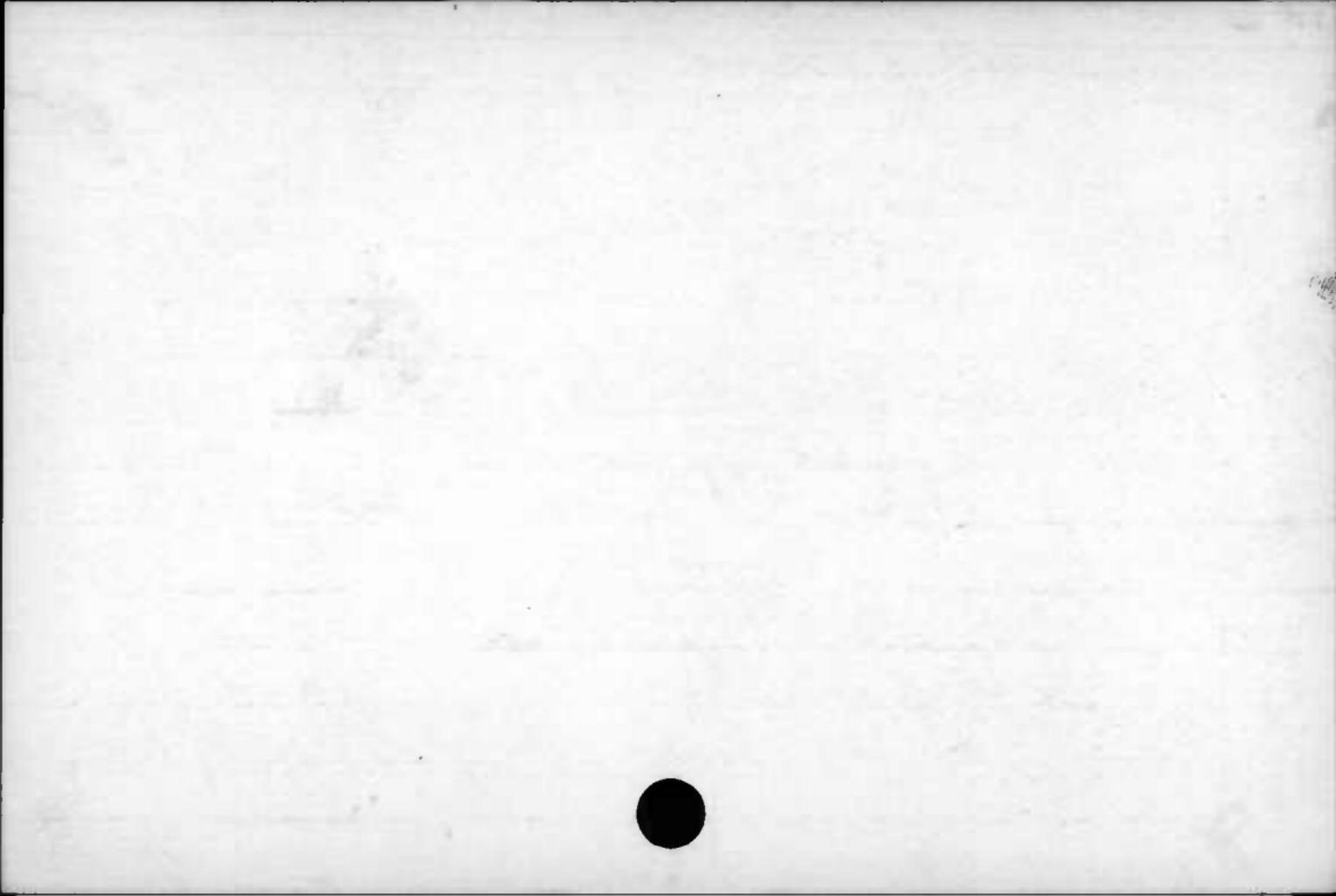
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. G. Hawkins Esq.
Brooklyn ma



Name
in
Full

Jasper & L. Brew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days
Sex male	Color or Race	Occupation		Birth- place	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Jasper & Brew			Father's Birthplace	Annapolis
Mother's Maiden Name	Fannie Coffer			Mother's Birthplace	Annapolis
Name of person giving Information	Fannie Brew			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	9 months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout, M.D.	
Yes		Address	Annapolis Md	
Accident or Suicide?				

J



Name
in
Full

Lloyd Howndes Dexter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
	Annapolis		a.a,				
Date of death	Month	Day	Years		Months	Days	
1903	March	19	51		9	27	
Sex	Male	Color or Race	white		Birth-place St. Clair Pa.		
Married, Single	Single		Occupation		Child		
Name of Wife or Husband							
Father's Name	John Boyd Dexter				Father's Birthplace Annapolis		
Mother's Maiden Name	Elizabeth Henderson Heller				Mother's Birthplace St. Clair Pa.		
Name of person giving information	John Boyd Dexter				How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

as

How long

four days

Immediate

Asthma

How long

one day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

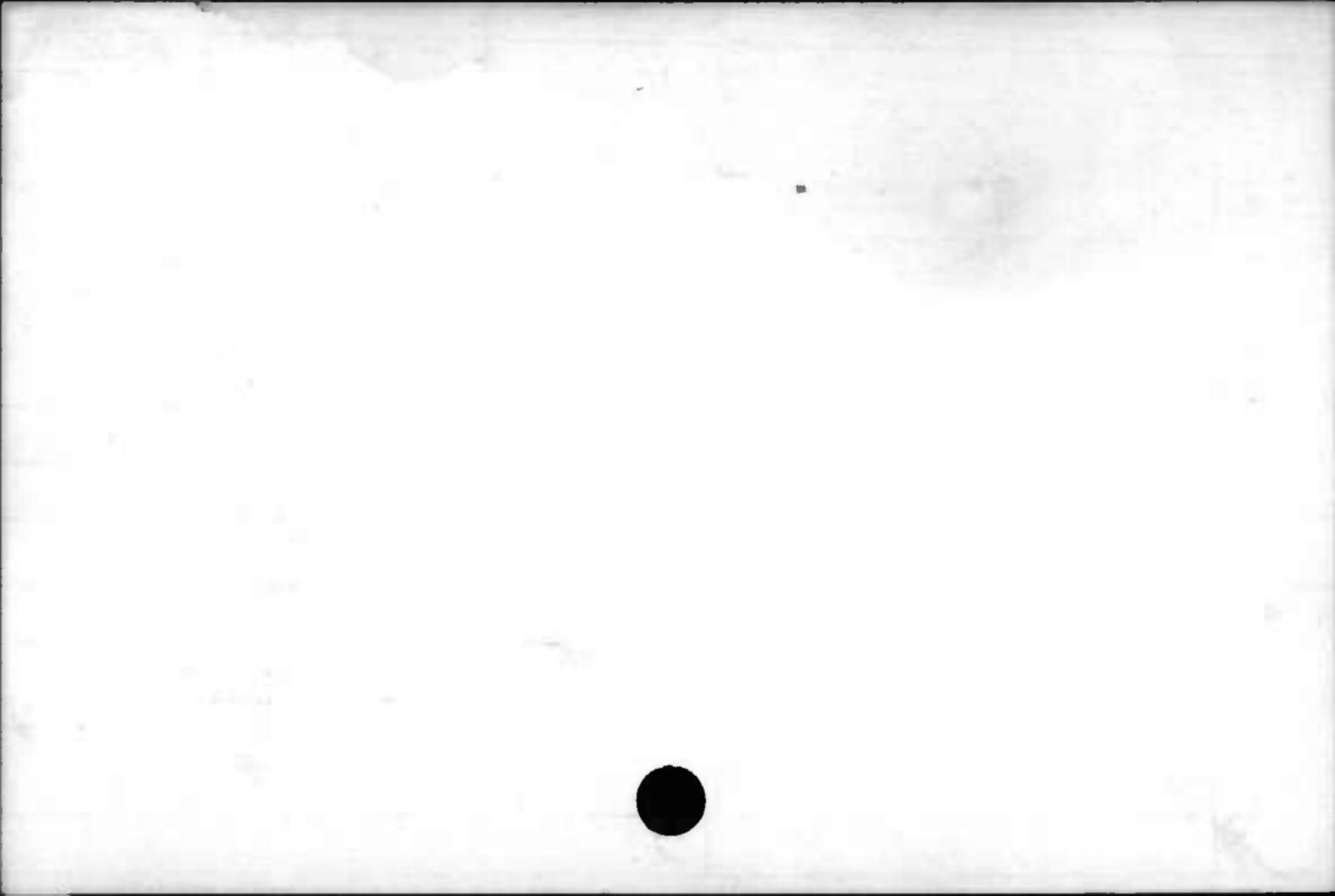
Geo. Wells

Accident or Suicide?

No.

Anaphtis
Lud

8



Name in Full

Certificate of Death

Cassie Edwards

Town

Loren

County

MARYLAND

Died at

Date 1903

March 19

Y.

M.

D.

Native of

Occupation

Aaco

Innkeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband
of

Noah Edwards

Wife

— Mathews

Mother's

Father's
Name

Maiden Name

Cause of

Primary

Cold age

How long sick

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

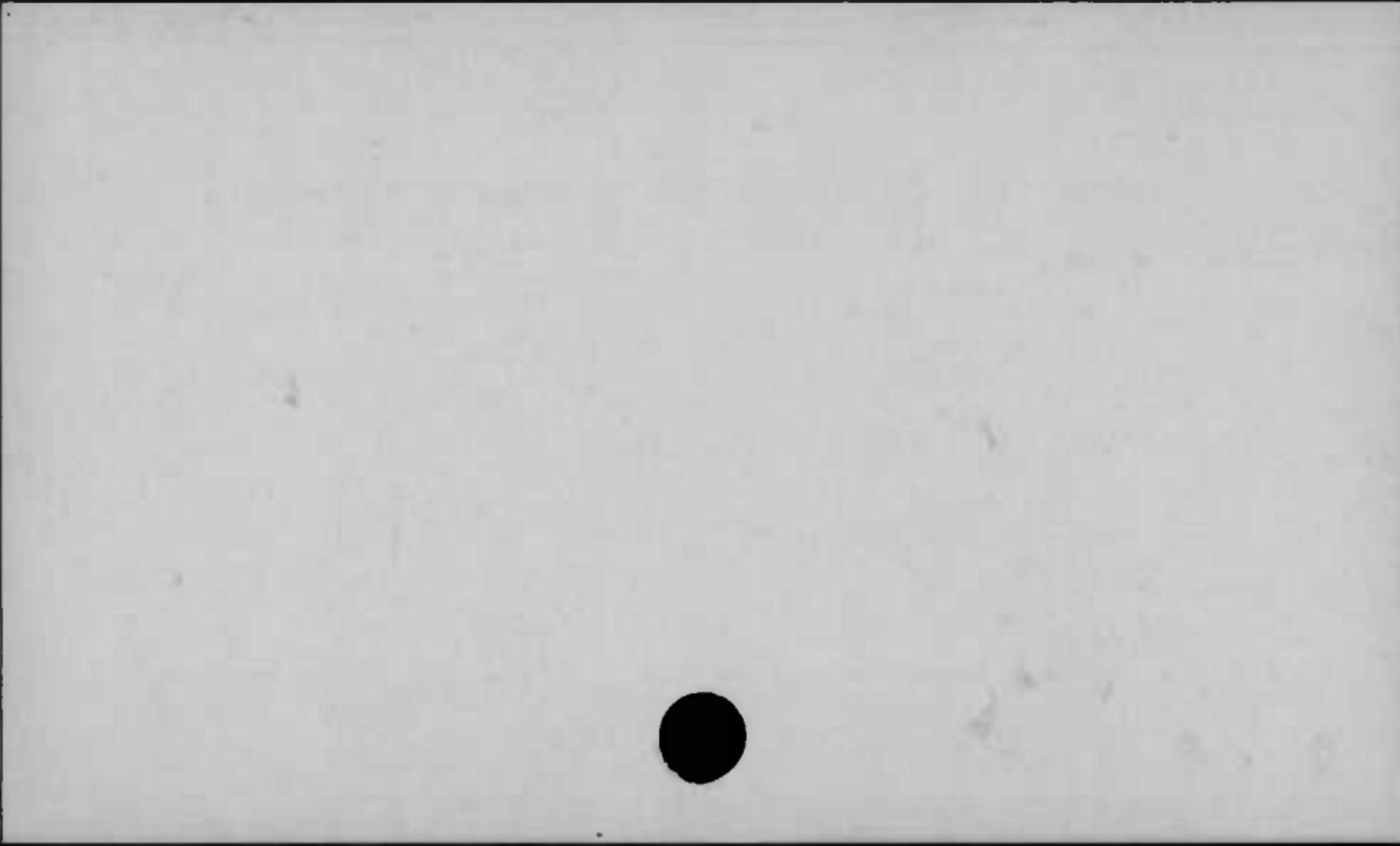
Thomas A. Grayson

Address

Blue Bumie

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Chesterfield		Ashland	Maryland			
Date of death	1903	Month 3	Day 24	Age 7 Years	Months 6	Days
Sex	female	Color or Race	African		Birth-place	Chesterfield
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Sarah Evans			Father's Birthplace		W. Jabor
Mother's Maiden Name	Ella Blackstone			Mother's Birthplace		W. Jabor
Name of person giving Information	Thomas Parker			How related to deceased		Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia 93

How long

Immediate

11

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

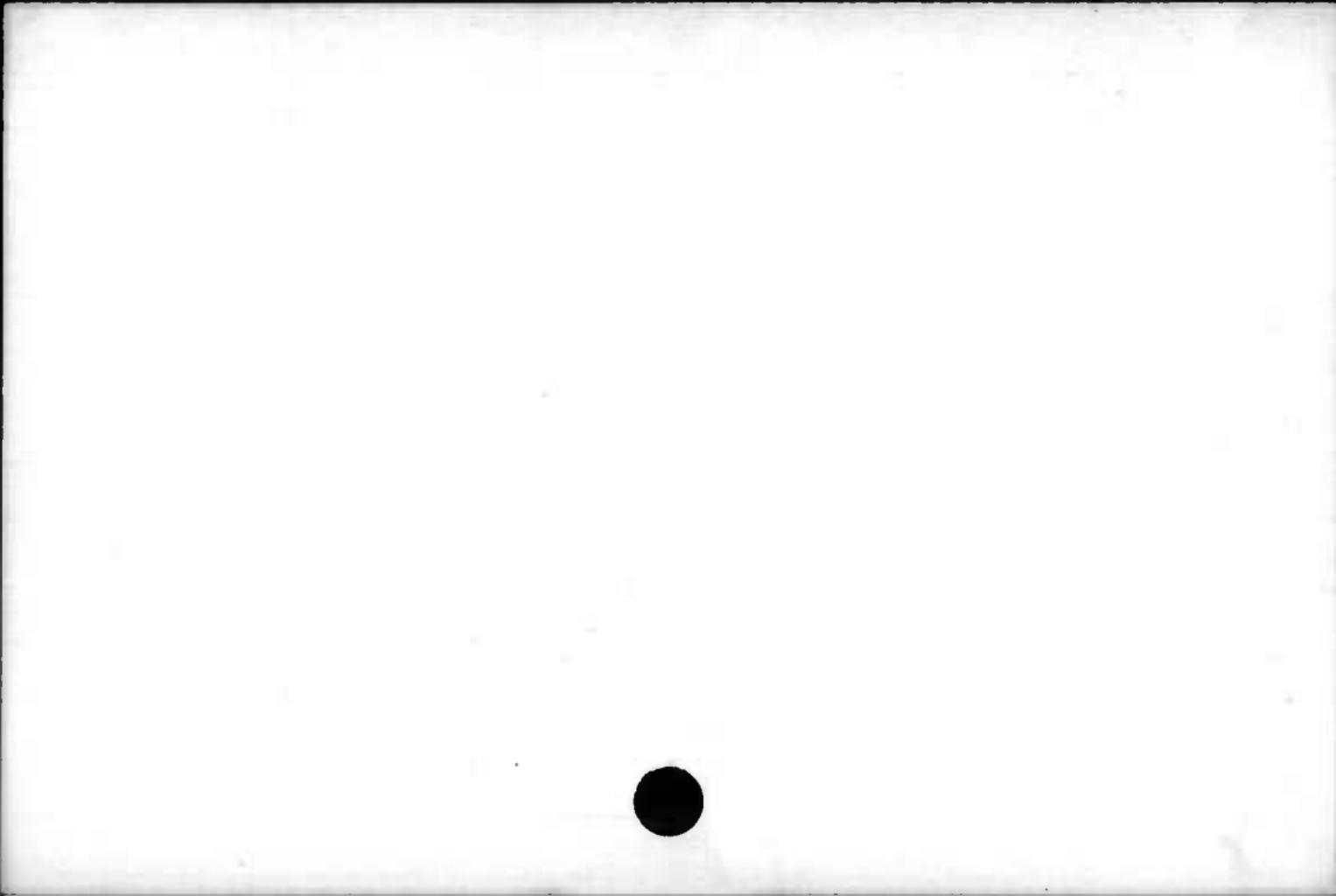
Yes

Signature of Physician

Address

J.W. Dr Bois MD
Gambrills
Md

Accident or Suicide?



Name
in
Full

William Finkle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County
Died at East Port		Anne Arundel
Date of death 1903	Month March	Day 14
Age 60	Years	Months —
Sex Male	Color or Race White	Birth-place New York
Married, Single or Widowed Married	Occupation Laborer	
Name of Wife or Husband Margaret Wood		
Father's Name Isaac Finkle	Father's Birthplace N.Y.	
Mother's Maiden Name Brown -	Mother's Birthplace do	
Name of person giving Information Margaret Finkle	How related to deceased wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Abscission

How long

13 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

J. J. Murphy
Sommeobis M.D.

8

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

None

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death 1903	Month March	Day 25	Years —	Months —	Days —	
Sex Female	Color or Race White	Birth-place				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Eliza M. D. Franklin		Father's Birthplace	Annapolis		
Mother's Maiden Name	Violaine Ridder		Mother's Birthplace	Baltimore		
Name of person giving information	Alice Franklin		How related to deceased	Grand Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born S. How long

Immediate How long

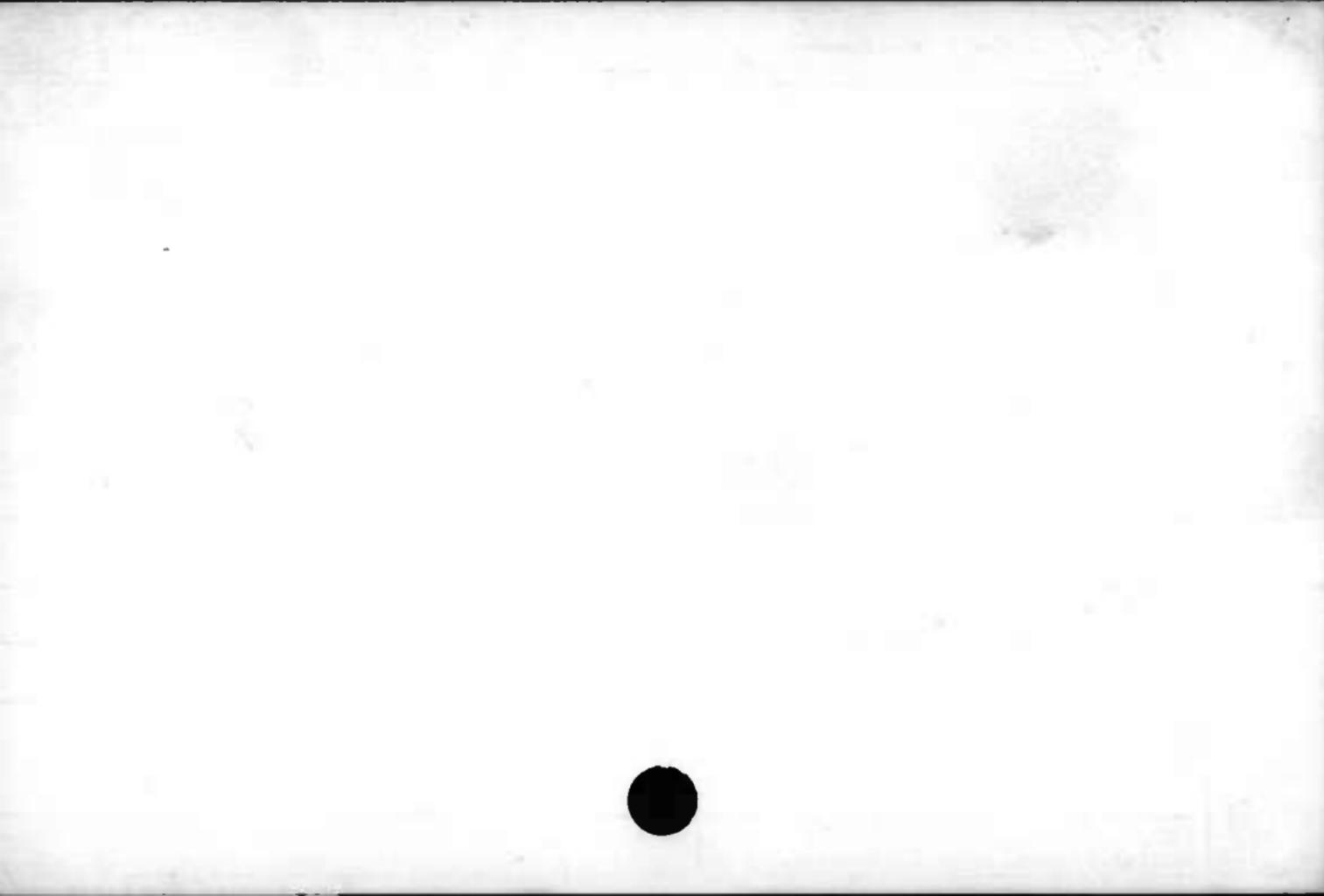
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Murphy.
44 Randall St

Accident or Suicide?



Name
in
Full

Wm G. Gassaway

CERTIFICATE OF DEATH

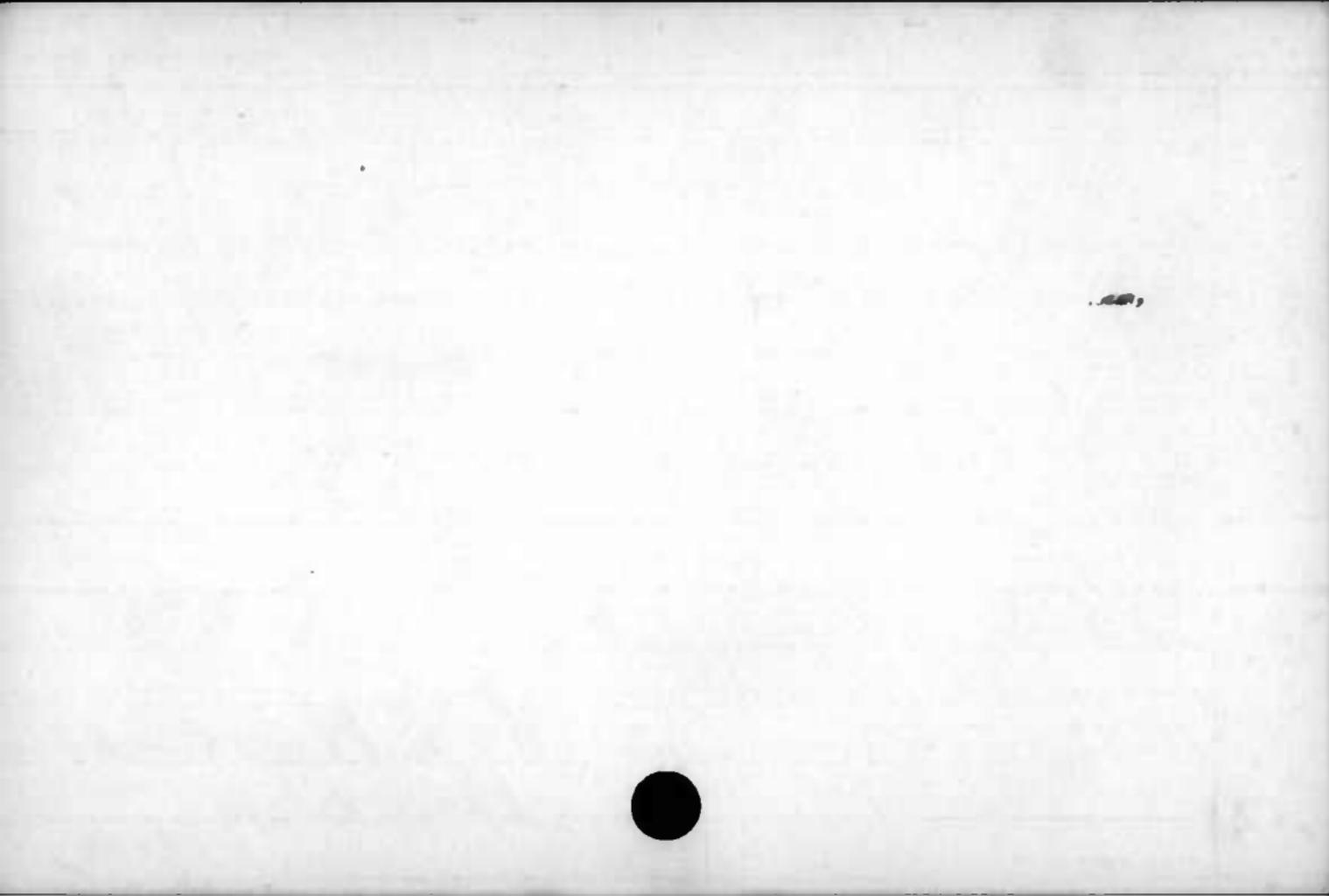
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 1903	Month	Day	Years
Sex	Age	Months	Days
Married, Single or Widowed	Color or Race	Birth-place	
Name of Wife or Husband	Occupation		
Father's Name	Lewis Gassaway	Father's Birthplace	Mod
Mother's Maiden Name	Rebecca Hendry	Mother's Birthplace	Mod
Name of person giving Information	L. S. Clayton	How related to deceased	Bro. in Law

CAUSES OF DEATH

Primary	Tuberculosis - 77	How long	8 months
Immediate	Weakness	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Geo Wills M. D.	
	Address	Anapsie	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Ray Grubbs

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Brooklyn	a a			
Date of death 1903	Month 3	Day 28	Age	Years	Months Days
Sex male	Color or Race white	Birth-place Md			2
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name J. J. Grubbs	Father's Birthplace Va				
Mother's Maiden Name Sarah S. Minnafur	Mother's Birthplace Va				
Name of person giving Information J. J. Grubbs	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions 71 How long -
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mr. L. Hawkins Cor
Brooklyn Md

Yes

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Roy Grubbs

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Brooklyn	a a			
Date of death 1903	Month 3	Day 28	Age	Years	Months Days
Sex Male	Color or Race	white	Birth-place	ma	2
Married, Single or Widowed	Single	Occupation	Lab		
Name of Wife or Husband					
Father's Name	J. Grubbs	Father's Birthplace	Va		
Mother's Maiden Name	Sarah V. Menefee	Mother's Birthplace	Va		
Name of person giving Information	J. J. Grubbs	How related to deceased	Lack		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsion II How long -
How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. L. Hawkins Esq.
Brooklyn ma

8

Accident or Suicide?



Name
in
Full

Blanche Shall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	3rd District	Town	A.T.	County	MARYLAND	
Date of death 1903	Month March	Day 4 th	Age 18 yr	Years	Months	Days
Sex Female	Color or Race White	Occupation	Birth-place A.T. 60.			
Married, Single or Widowed	Single					
Name of Wife or Husband						
Father's Name	James G. Shall			Father's Birthplace	A.T. 60.	
Mother's Maiden Name	Gannie Grandal			Mother's Birthplace	A.T. 60.	
Name of person giving Information	Mrs. Shall			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long	eight days
Immediate	Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout M.D.	
Yes		Address	Annapolis Md	
Accident or Suicide?				



Name
in
Full

Daniel Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 1903

Month

Day

Years

Months

Days

Mar

18

Age

10

22

Sex

Male

Color or
Race

African

Birth-
place

Patuxent

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

X Dennis Hall

X

Father's
Name

Dennis Hall

Father's
Birthplace

Patuxent

Mother's
Maiden Name

Mary E McCleland

Mother's
Birthplace

"

Name of person giving
Information

George Hall

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Cold

93

How long

Dont know

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J.W. Duffois

Gambills MD

Reported by

George Hall

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

John G. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Sage Bottom		County	MARYLAND	
Date of death 1903	Month March	Day 19 th	Age 19 yrs	Years	Months	Days
Sex Male	Color or Race Colored			Birth-place At County		
Married, Single or Widowed Single	Occupation Laborer					
Name of Wife or Husband						
Father's Name Thomas Hall			Father's Birthplace At 80			
Mother's Maiden Name Frances Goodrich			Mother's Birthplace At 80			
Name of person giving information Frances Hall			How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis 27

How long

Two months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

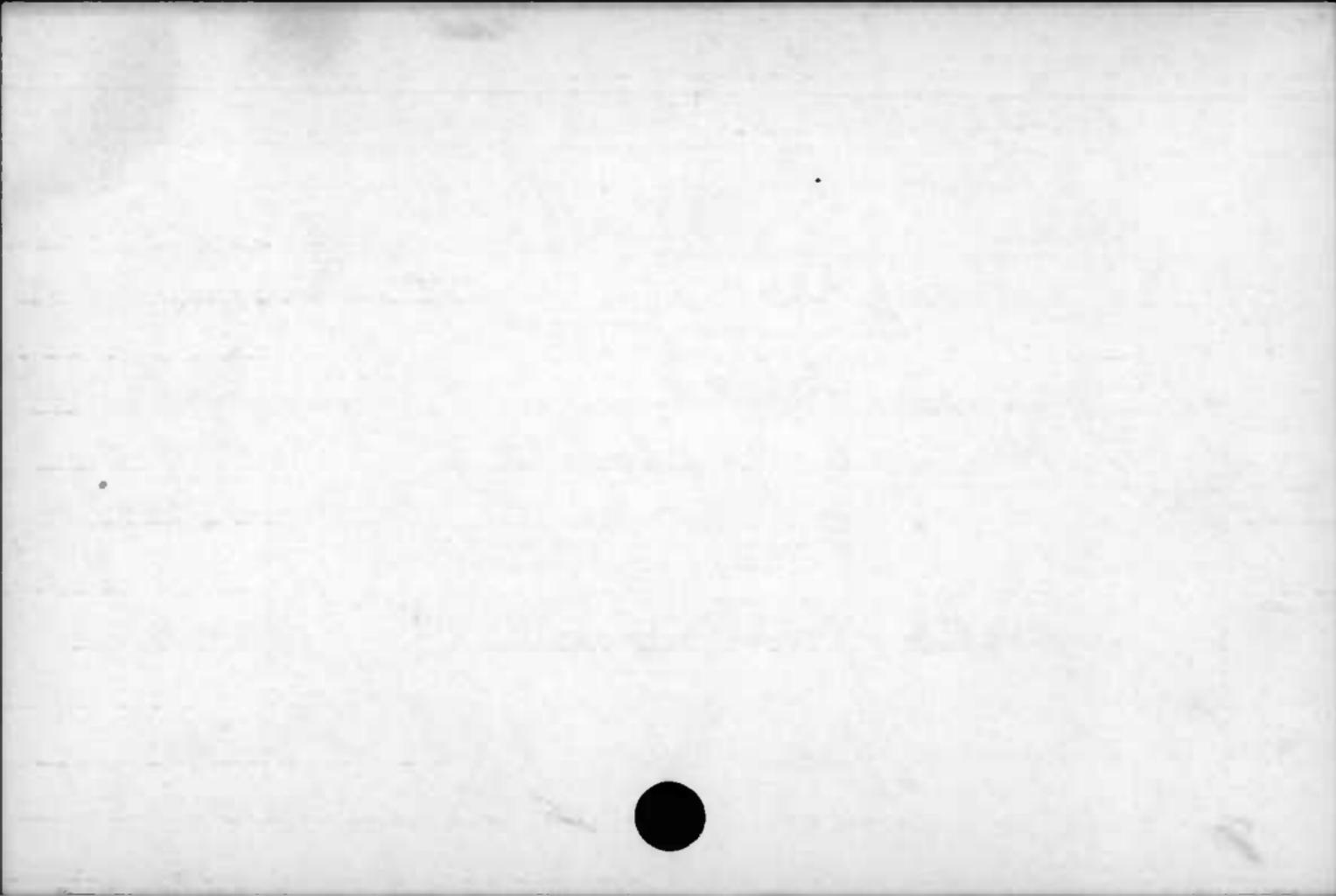
Address

John Ridout

Annapolis
Md

8

Accident or Suicide?



Name
in
Full

Walter Hale.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Anne Arundel		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth- place		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	James Hale.			Md.		
Mother's Maiden Name	Hannah Eashen			Md.		
Name of person giving Information	Charles Hale			Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Broncho-pneumonia 92

How long

1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

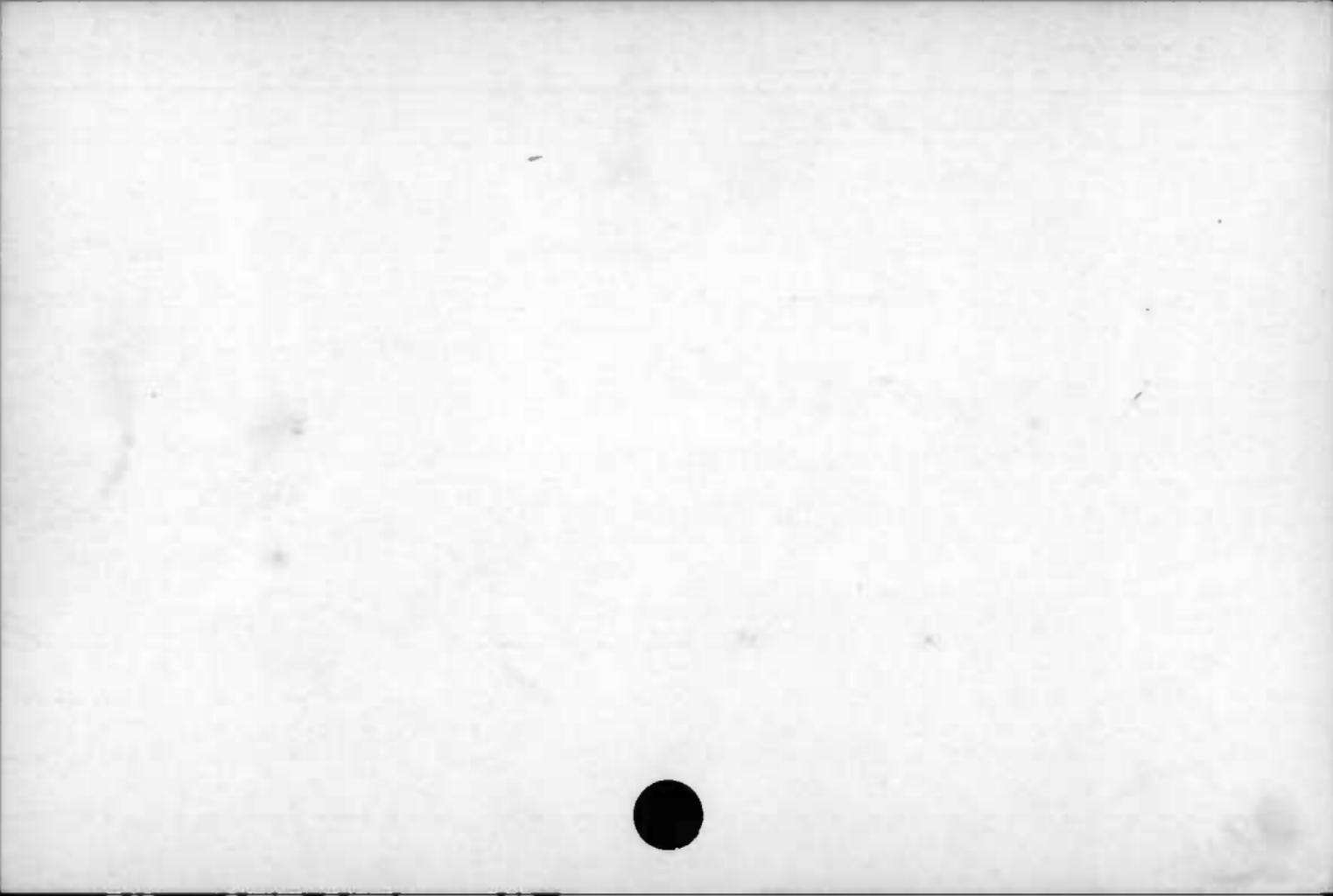
Signature of
Physician

Address

A. J. Ferrell
Mechanicsville, Md.

8

Accident or Suicide?



Name
in
Full

Seamus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month March	Day 7 th	Age 4	Years	Months	Days
Sex	Color or Race	Birth-place				
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Thomas E. Seamus			Father's Birthplace	Annapolis	
Mother's Maiden Name	May Simms			Mother's Birthplace	Annapolis	
Name of person giving information	May Simms			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn d.	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Lizzie Fay
Yes	Address	Midwife
Accident or Suicide?	Annapolis Md -	



Name in Full

Certificate of Death

John Harold

Town County
 Died at Glen Burnie a a MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Mar.	13	Age	1-6		a a	-
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	

Husband of

Wife

Father's Name

Rufus Standard

Mother's

Maiden Name

Aleyria Jackson

Cause of Death

Primary

Pneumonia

How long sick

Immediate

Meningitis

5 days

Accident, Suicide, Homicide

Reported by

Thomas Wray & Son MD

Glen Burnie

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bessie Hardesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Mar	Day 15	Years 22	Months 6	Days
Sex Female	Color or Race	white	Occupation	Birth- place	Calvert Co
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Emory Hardesty			Father's Birthplace	Calvert Co
Mother's Maiden Name	Alice Ogden			Mother's Birthplace	Calvert Co
Name of person giving Information	Edwin H. Sansbury			How related to deceased	Friend

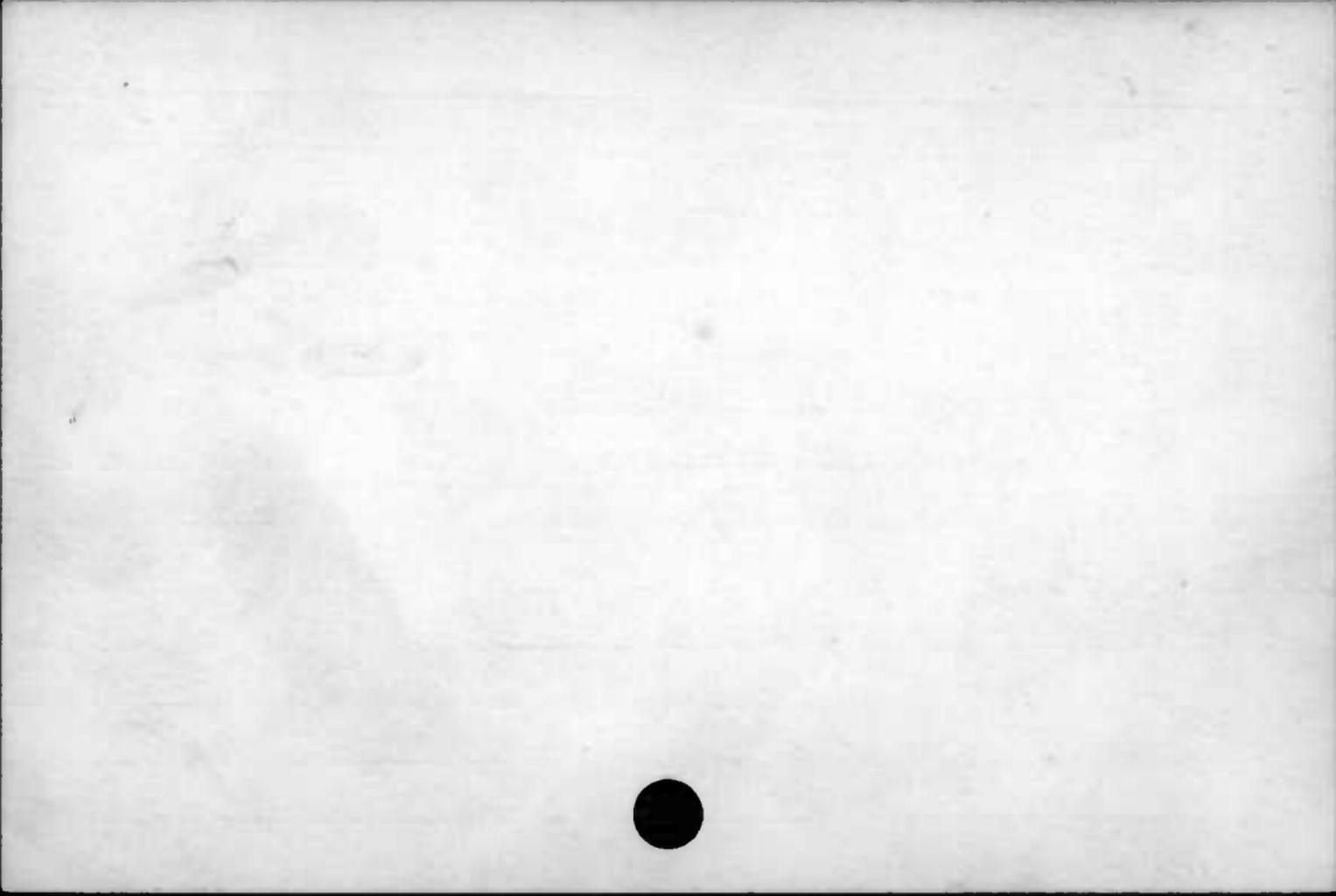
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis 27	How long	Three years
Immediate	Exhaustion and Heart Failure	How long	2d house
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. D. Bragshaw
		Address	Friendship Md



Accident or Suicide?



Name
in
Full

Waddell Gith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town	Ad		County	MARYLAND	
Date of death 1903	Month March	Day 120	Age	Years	Months	Days	
Sex Male	Color or Race colored	Occupation					
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name George W. Gith						Father's Birthplace Ad. 60	
Mother's Maiden Name Ida Jackson						Mother's Birthplace Ad. 60	
Name of person giving information George W. Gith						How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born d.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Susan Wright
Midwife

Address

Accident or Suicide?



Name
in
Full

Ola Hurah

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	- Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Ola Hurah		Father's Birthplace	N. C.	
Mother's Maiden Name	Ella Luckey		Mother's Birthplace	N. C.	
Name of person giving information	Ola Hurah		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis 93.

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

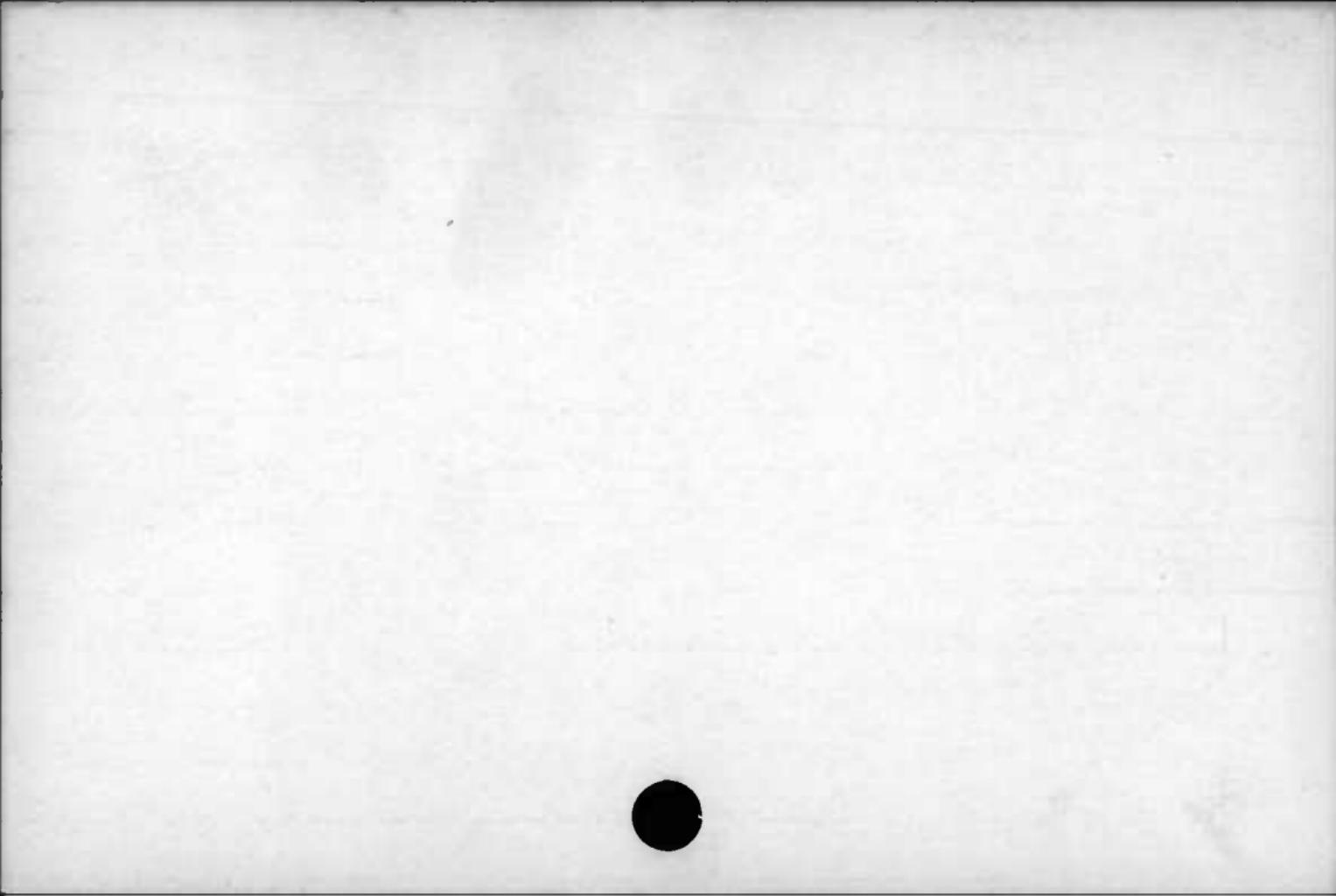
Signature of Physician

Address

Chas. D. Groode
Brooklyn



Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Wm. Hyatt
Annap. Junkt. A. A.

MARYLAND

Died at	Town	County				
Date of death 190	Month	Day	Years	Months	Days	
3 March	18	1		11		
Sex	man	Color or Race	black	Birth-place	A. A. Co-	
Married, Single or Widowed	—		Occupation	Infant		
Name of Wife or Husband						
Father's Name	Charles Hyatt			Father's Birthplace	Va	
Mother's Maiden Name	Alice Gaithier			Mother's Birthplace	Md	
Name of person giving information	Char. Hyatt			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Miaser

How long

9 days

Immediate

Minigill

61

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

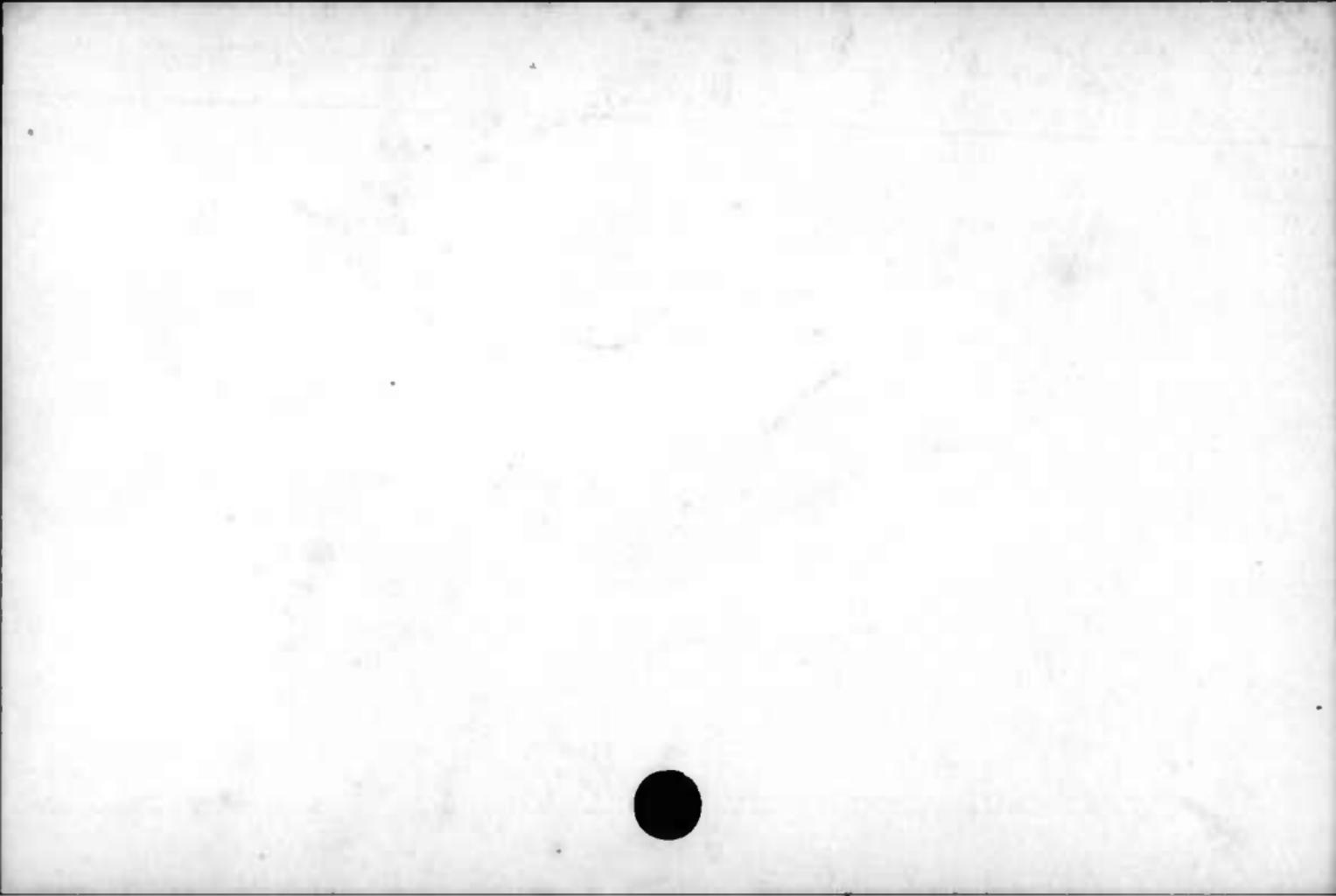
Address

W. L. H. H. M.D.

Garage M.D.

J

Accident or Suicide?



Name
in
Full

Mrs. Flavilla Ijams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1903	Month March	Day 26	Age 67	Years Months Days
Sex	Female	Color or Race	White	Birth-place	a. a. Co Md
M [redacted] or Widowed		Occupation			
Name of Wife or Husband		VanBuren Ijams			
Father's Name	John Spears			Father's Birthplace	unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	11
Name of person giving Information	Mrs J. W. Solley			How related to deceased	Niece

CAUSES OF DEATH

Primary

General Debility

How long

2 years

Immediate

Bronchitis

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. B. Norton M.D.
Dr. Balto. M.D.PHYSICIAN
OR CORONER

J.

Accident or Suicide?



Name

Maria Sonise Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	Anne Arundel			MARYLAND
Died at	Month	Day	Years	Months
Date of death 1903	3	30	Age 58	Days
Sex Female	Race African	Birth-place Charles County		
Married, Single or Widowed	Occupation Married Housekeeper			
Name of Wife or Husband	Nathaniel Jacobs			
Father's Name	John Hawkins			
Mother's Maiden Name	Catherine Nason			
Name of person giving information	John Jacobs			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Complication of diseases viz
Inhalid Pneumonia with Coughing

How long 3 weeks

Immediate Phthisis Pulmonalis

How long 3 months

Are the name, age, sex, color, date and place correctly given above?

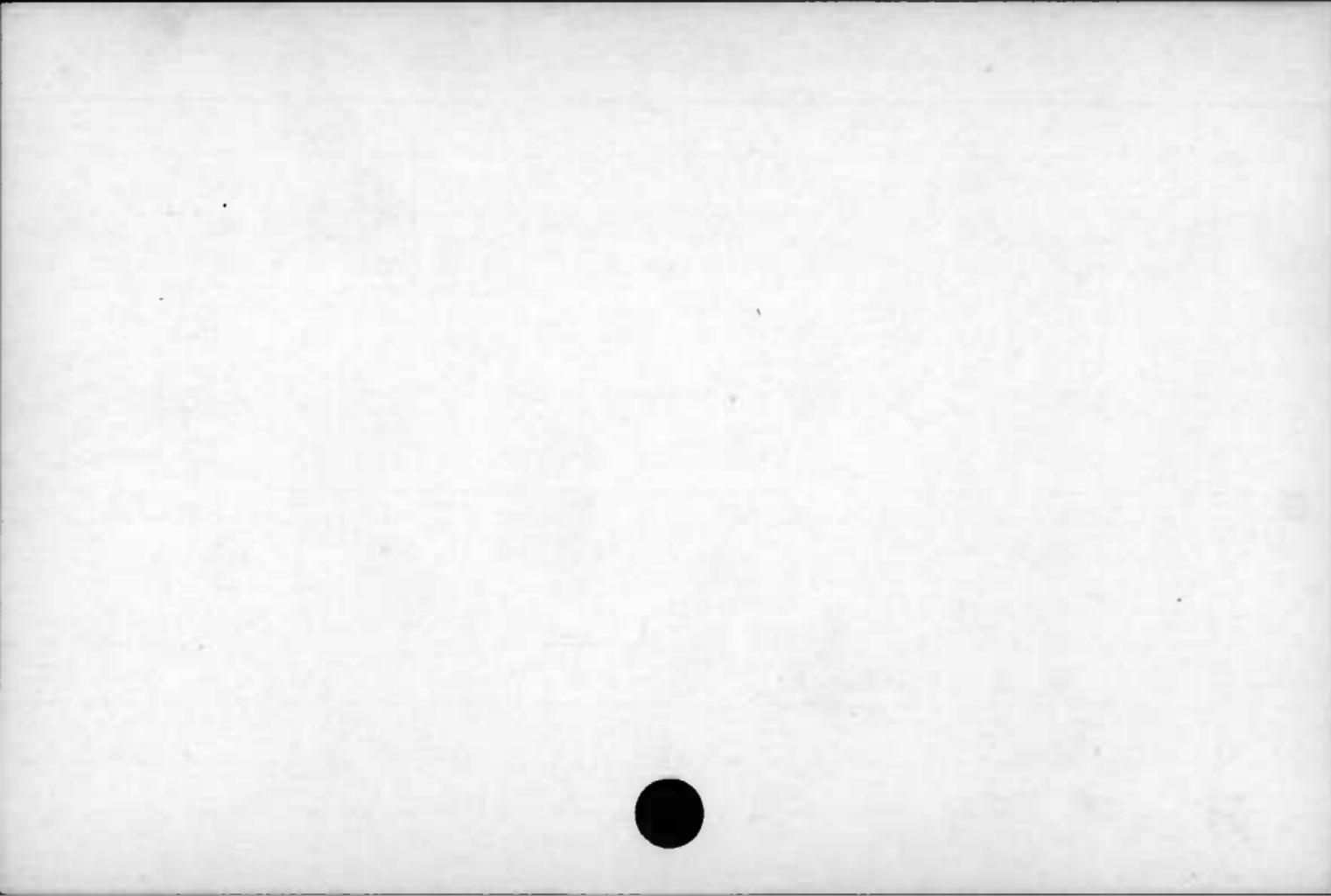
Yes

Signature of Physician

Address

J.W. Dr. Davis D.D.
Gambleville Md.

Accident or Suicide?



Name
in
Full

Annie M. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex Female	Color or Race		Occupation		Birth-place	
Married, Single or Widowed	Single		Book		Annapolis	
Name of Wife or Husband						
Father's Name	Henry Johnson				Father's Birthplace	Annapolis
Mother's Maiden Name	Rebecca Blackstone				Mother's Birthplace	Annapolis
Name of person giving Information	Maria Parker				How related to deceased	Friend

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Probably Influenza

How long
Four days

Immediate Heart Failure

How long
Sudden death

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
No Physician in attendance

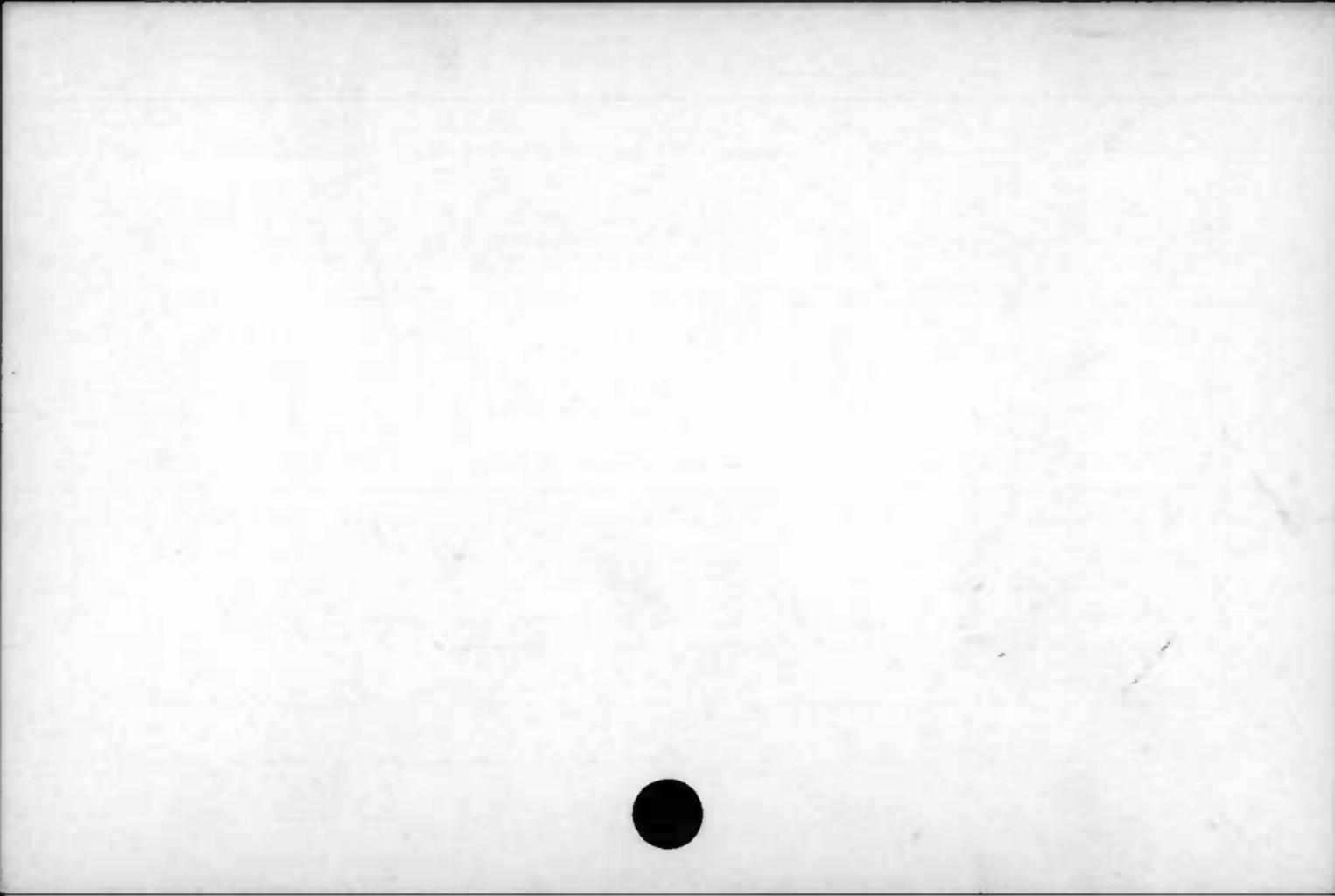
yes

Address John Ridout MD

Health Officer

Accident or Suicide?

Charles G. Goldmeyer Acting Coroner



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Curtis Bay</u>		County <u>Anne Arundel</u>	MARYLAND		
Date of death 1903	Month <u>March</u>	Day <u>4</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Age <u>71</u>	Birth-place <u>Curtis Bay</u>		
Married, Single or Widowed <u>Singled</u>	Occupation				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

7 days

Immediate

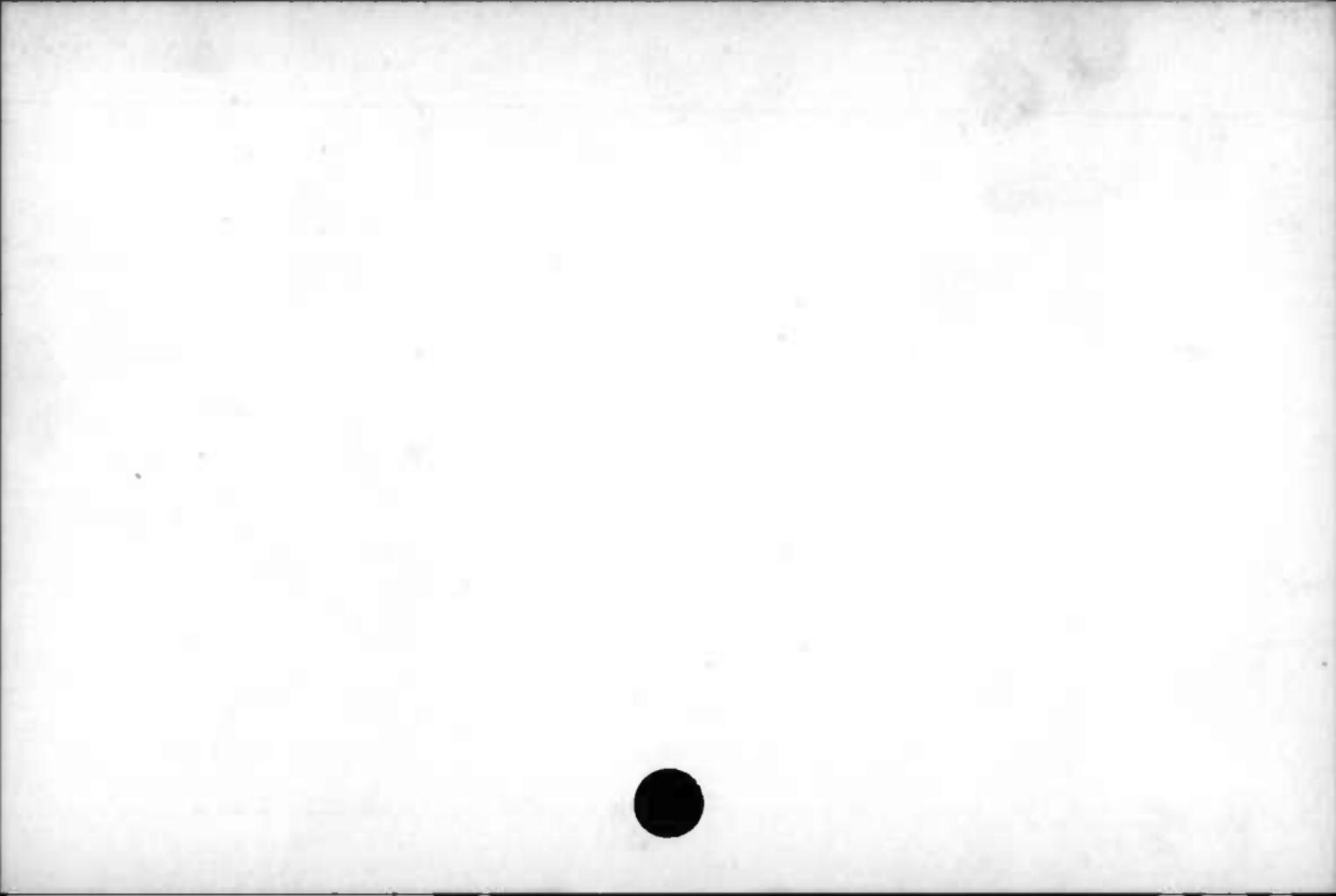
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Samuel A. Cudug, M.D.
ohns Hopkins Hospt.

Address

Accident or Suicide?



Name
In
Full

Mary Hoson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Annapolis	A.A.	
Date of death	Month	Years	Months
1908	March	81	—
Day	3 ^d	Age	Days
Sex	Color or Race	Birth-place	
Geo male.	white	Ireland.	
Married, Single or Widowed	Occupation		
Widow			
Name of Wife or Husband			
	Gathinaly Hoson		
Father's Name		Father's Birthplace	
James Scalley		Ireland	
Mother's Maiden Name		Mother's Birthplace	
+ J. Hoson			
Name of person giving information		How related to deceased	
J. Hoson		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infarctus of Old Age

How long

154

Immediate

Bronchitis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

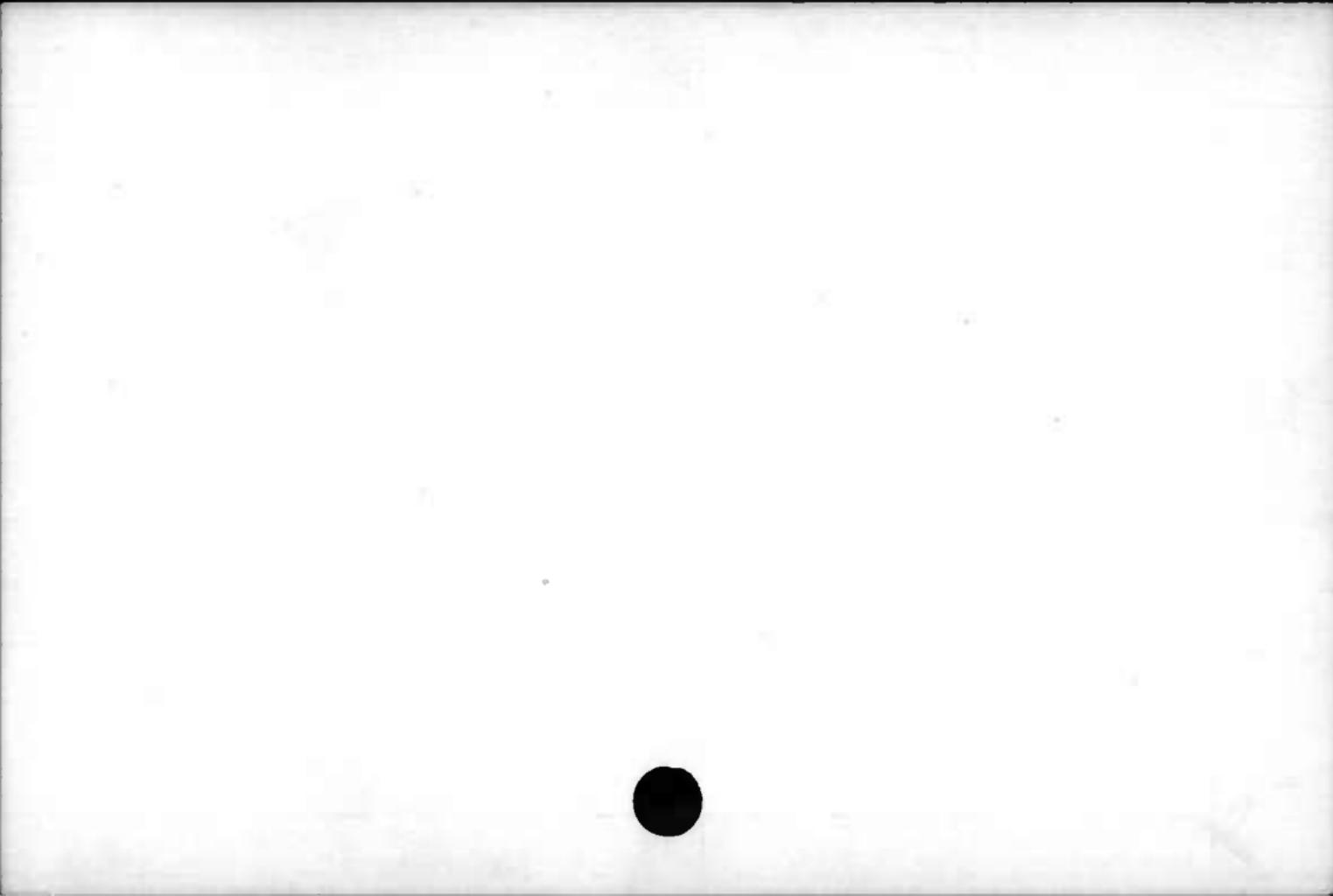
Signature of Physician

Address

Geo Wells M.D.

Annapolis M.D.

Accident or Suicide?



Mary McDonald

Town

County

Died at

Elmwood

MARYLAND

Month

Day

Y.

M.

D.

Native of

Rac

Occupation

Mouser

Date 1903

March 2

Age 31

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of Robert McDonald

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

Mary Dorsey

How long sick

One year

Accident, Suicide, Homicide

Primary

Consumption

Immediate

Meath failureMr Bray Chamelen BakerMay Lane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Thomas Milbourne

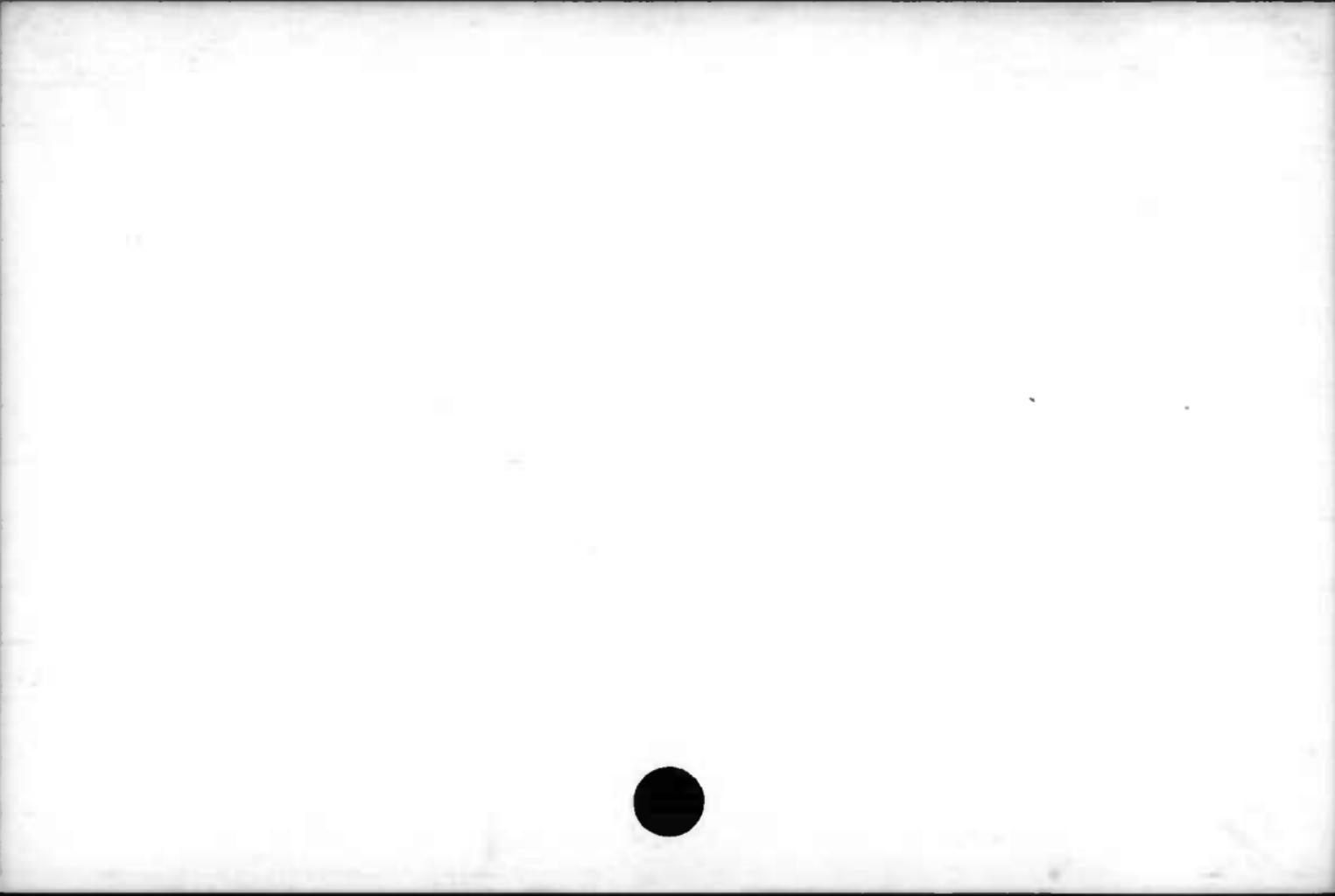
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3	Day 1	Years Age 17	Months —	Days —
Sex	Male	Color or Race Black	Birth- place Md		
Married, Single or Widowed	Occupation				
Name of Wife or Husband	—				
Father's Name	—		Father's Birthplace	—	
Mother's Maiden Name	—		Mother's Birthplace	—	
Name of person giving Information	27		How related to deceased	—	

CAUSES OF DEATH

Primary	Tuberculosis		How long
immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician C. J. Carrico M.D.	Address Physician in charge of Md. House of Correction - Jessup Md.
Accident or Suicide?			



Name
in
Full

Mt Caroline Murray

CERTIFICATE OF DEATH

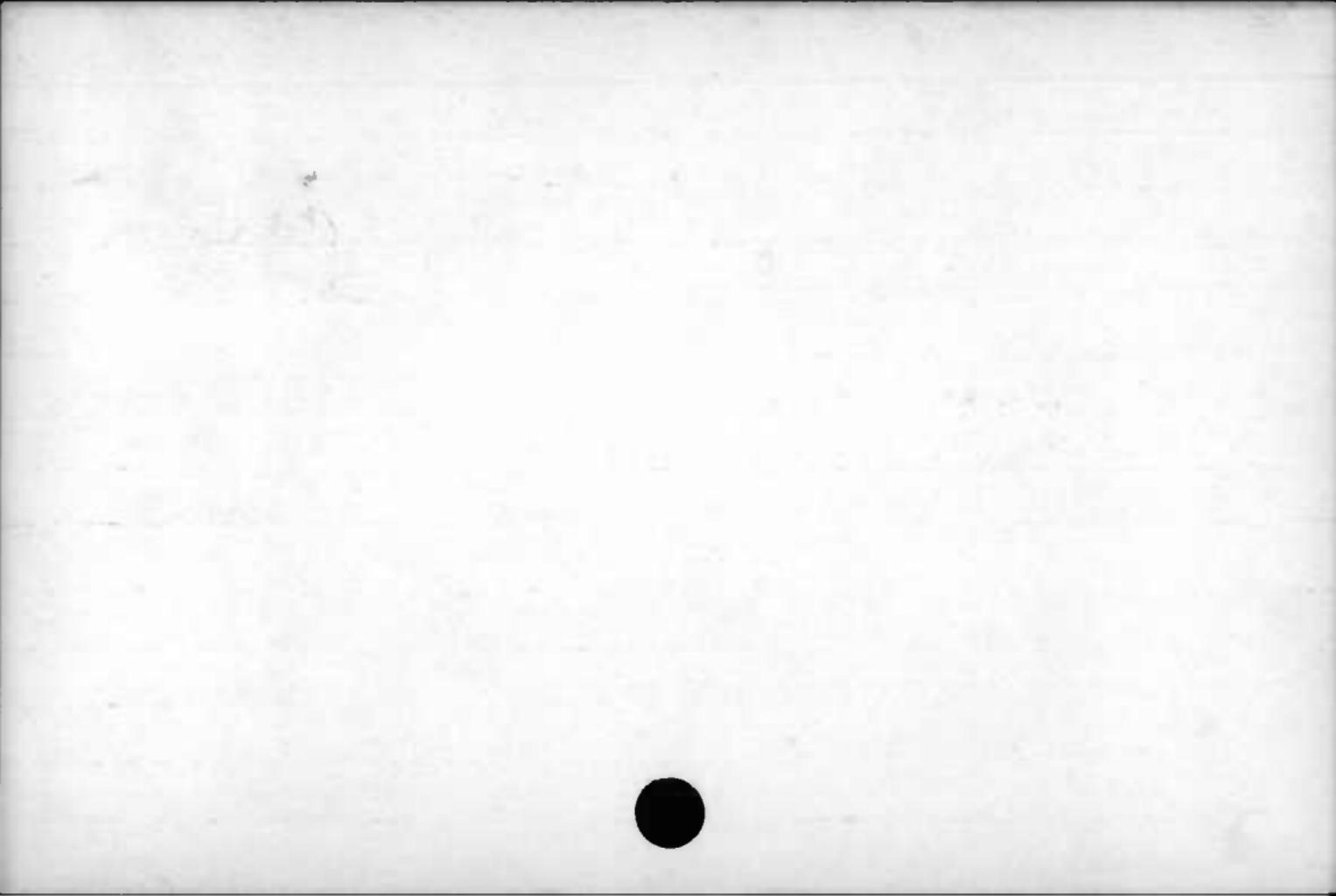
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
3	Mar	31	42	3	151	
Sex	Color or Race	Occupation				
Female	white	nothing				
Married, Single or Widowed						
Single						
Name of Wife or Husband						
Father's Name	Edward Murray			Father's Birthplace	West River Md	
Mother's Maiden Name	Rosine Bowlding	118		Mother's Birthplace	Phila Pa	
Name of person giving information	Mrs Morris Chester			How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	appendicitis	How long	3 days
Immediate	shock from operation	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank Whetstone, MD
		Address	West River Md
Accident or Suicide?	neither		



Name
in
Full

Frances Elizabeth Volte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	1230 F.W.	A.A. 6-			
Date of death 1903	Month	Day	Years	Months	Days
	March	16	47		
Sex	Female	Color or Race	White	Birth-place	Baltimore
Married, Single or Widowed	Married		Occupation		
Name of Wife or Husband	F.B. F. Volte.				
Father's Name			Father's Birthplace	P. L. Schaefer	
Mother's Maiden Name			Mother's Birthplace	66 Schaefer	
Name of person giving Information	Frances Ogalladough		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Vaso Heart Disease & Nephritis

How long

16 mos

Immediate

Heart Disease

How long

Are the name, age, sex, color, date and place correctly given above?

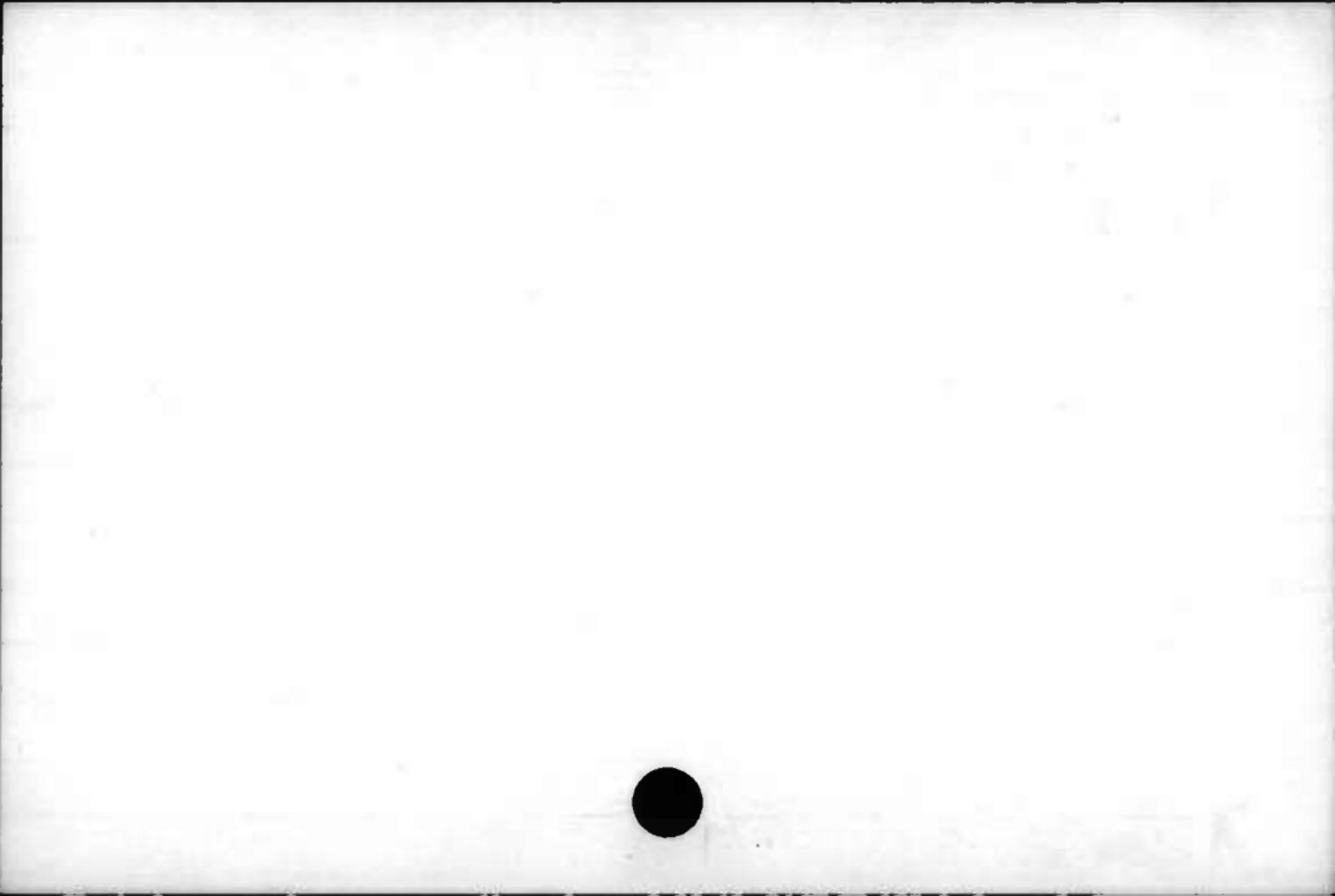
Yes
No

Signature of Physician

Address

J. J. Murphy
#4 Randall St

Accident or Suicide?



Name
in
Full

Abrin Ouksmith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at <u>West Annapolis</u>	<u>Anne Arundel</u> MARYLAND	
Date of death 1903	Month March	Day 7
Age 70	Years	Months 1
Sex Male	Color or Race white	Days 21
Occupation Merchant		Birth-place Maine
Married, Single or Widowed Married		
Name of Wife or Husband <u>Jeffria Ouksmith (Abri)</u>		
Father's Name <u>Sebra Oak Smith</u>	Father's Birthplace Maine	
Mother's Maiden Name <u>Elizabeth Price</u>	Mother's Birthplace Maine	
Name of person giving Information <u>Abrin Ouksmith Jr.</u>	How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Las Grippe

How long

5 days

Immediate

Angina Pectoris

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ole Wells M.D.

Annapolis,
Md.

10

Accident or Suicide?

8



Name
in
Full

Mary E Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	AA	County	MARYLAND	
Date of death 1903	Month March	Day 21st	Years 1	Months 6	Days
Sex Female	Color or Race colored	Occupation	Birth-place Annapolis		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Wm Page	Father's Birthplace Haled.				
Mother's Maiden Name Eliza Rimball	Mother's Birthplace Haled.				
Name of person giving Information Eliza Page	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus +
Exhaustion

How long

six weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

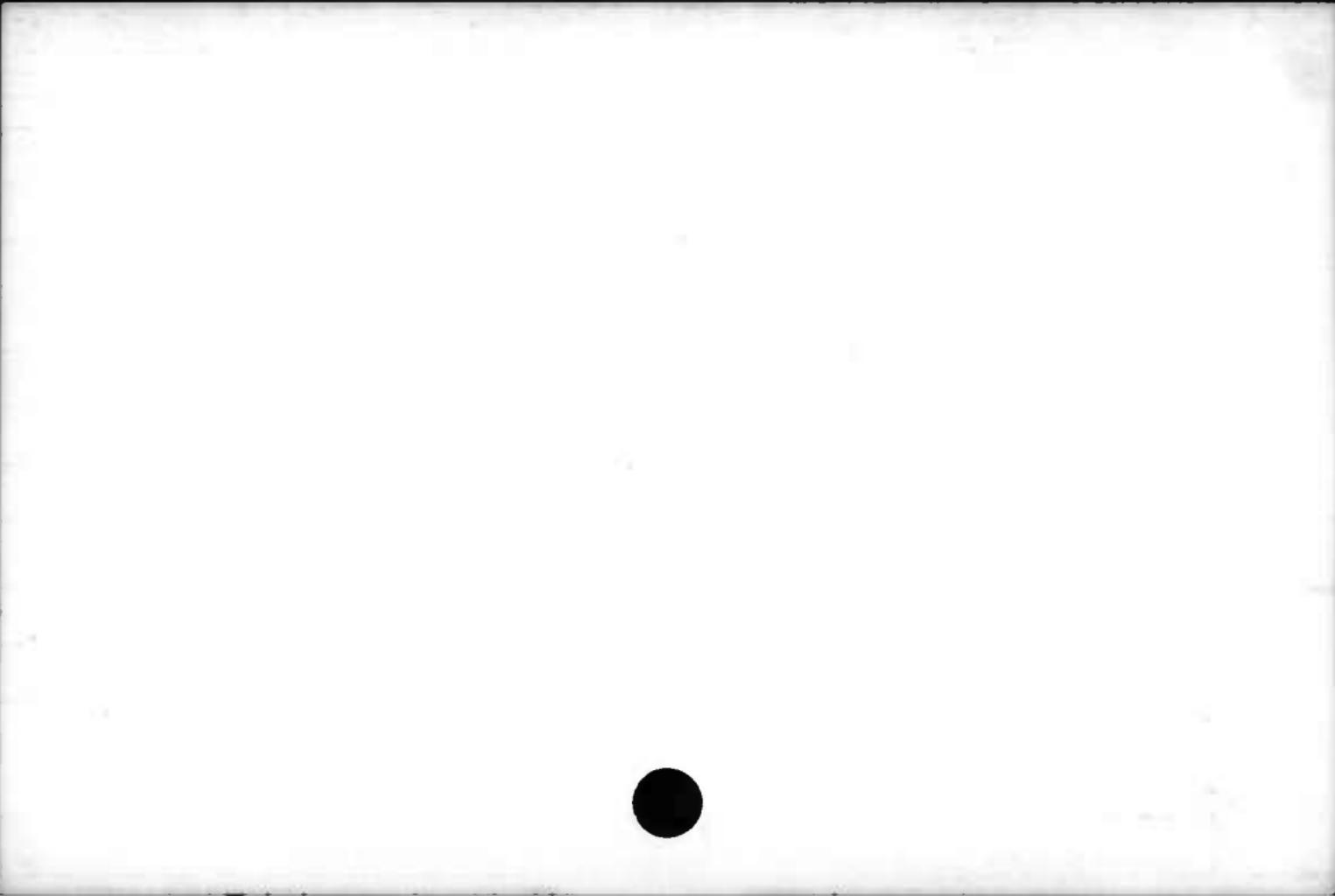
Address

John Ridout, M.D.

Annapolis
Md

et

Accident or Suicide?



Name in Full

Certificate of Death

Naomi Humphrey

Town	Glen Burnie			County	Anne Arundel		MARYLAND
Died at	Month	Day		Y.	M.	D.	Native of
Date 1903	March	17		1	2		AAC
Male	White	Age	Married	Widow	Occupation		
Female	Colored		Single	Widower	Divorced	Number of children living	

Husband
of

Wife

Father's
Name

John Humphrey

Mother's
Maiden Name

Louisa Stuckem

Cause of

Primary Pneumonia

How long sick

Death

Immediate Heart failure 93

4 days

Accident, Suicide, Homicide

Reported by

Thomas H Gray & Son

Address

Glen Burnie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret May Purvis

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Annapolis	A. A.			10		Days
Date of death 1903	Month 3	Day 11	Age 20	Years	Months	Days
Sex Female	Color or Race	White		Birth-place	Annapolis	
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	George Purvis			Father's Birthplace	Philadelphia	
Mother's Maiden Name	Alice Jackson			Mother's Birthplace	Clyde	
Name of person giving information	George Purvis. 20			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parenchymatous Nephritis

How long

several years

Immediate

Malariaful & Jaemia

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Sewell S. Hepburn

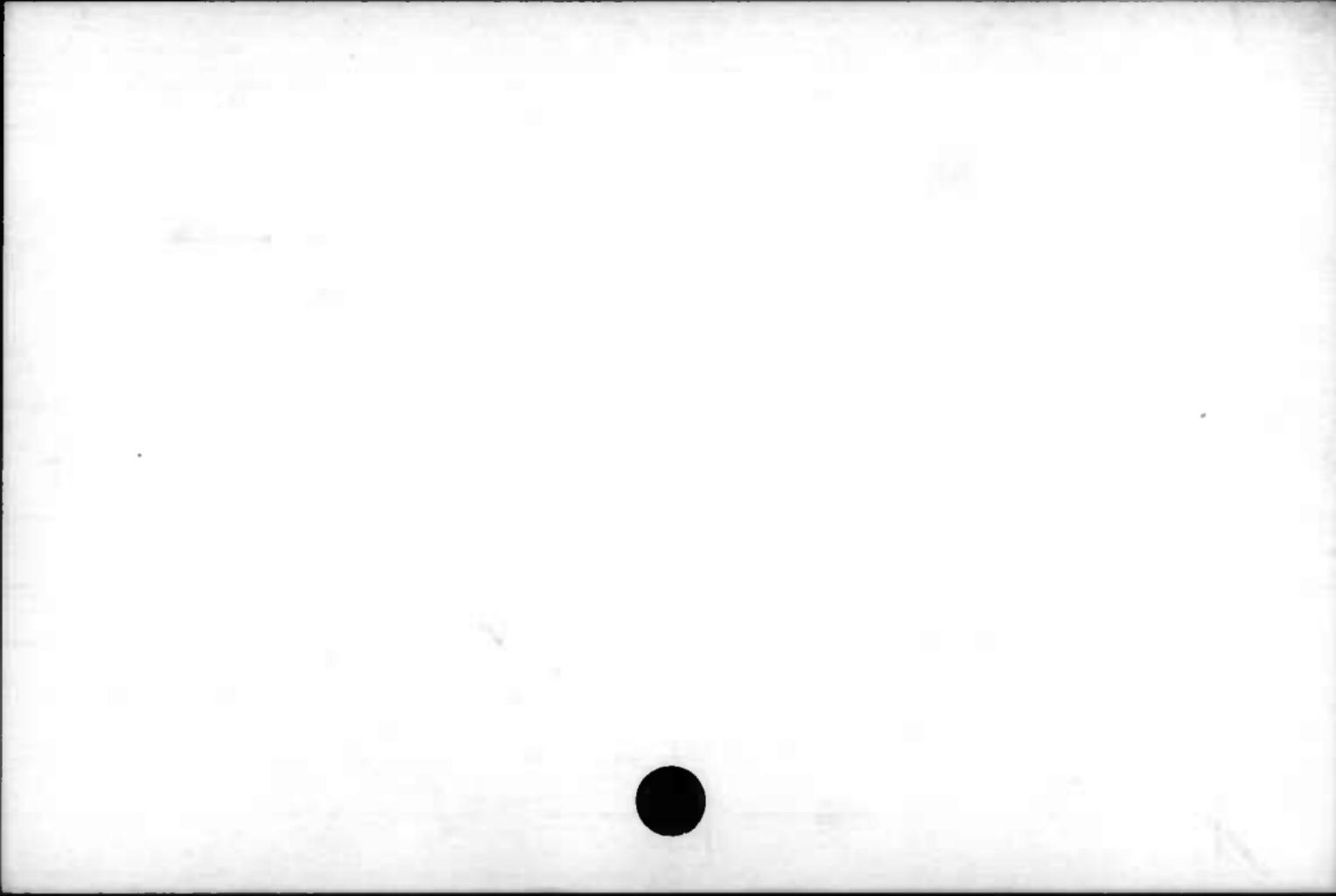
Address

Annapolis Md.

g

Accident or Suicide?

No.



Name
in
Full

John Alexander Rawlings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Leetchie's		Town	Anne Arundel		County	MARYLAND		
Date of death	1903	Month Mar.	Day 3	Age 64	Years	Months 3	Days -	
Sex Male	Color or Race White	Occupation Farmer		Birth-place Calvert Co. Md.				
Married, Single or Widowed Widower								
Name of Wife or Husband								
Father's Name John Rawlings					Father's Birthplace Md.			
Mother's Maiden Name Jane Catterton					Mother's Birthplace Md.			
Name of person giving information Andrew Rawlings					How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral haemorrhage (at)

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A N Perrie

Address

Glen Burnie, Md.

8

Accident or Suicide?



Name
in
Full

Georgeanna Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Not	County	MARYLAND		
Date of death 1903	Month March	Day 29 th	Years 21	Months	Days	
Sex Female	Color or Race Colored	Occupation Housework	Birth-place Annapolis			
Married, Single or Widowed Single						
Name of Wife or Husband						
Father's Name Sholly Richardson				Father's Birthplace Annapolis		
Mother's Maiden Name Harriet Barley				Mother's Birthplace Annapolis		
Name of person giving Information Sholly Richardson				How related to deceased Father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilis 30	How long Month
Immediate	Asthenia	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician No Physician	
Yes	Address	Investigated by Health Officer
8	Accident or Suicide?	



Name
in
Full

James Edgar Richardson

CERTIFICATE OF DEATH

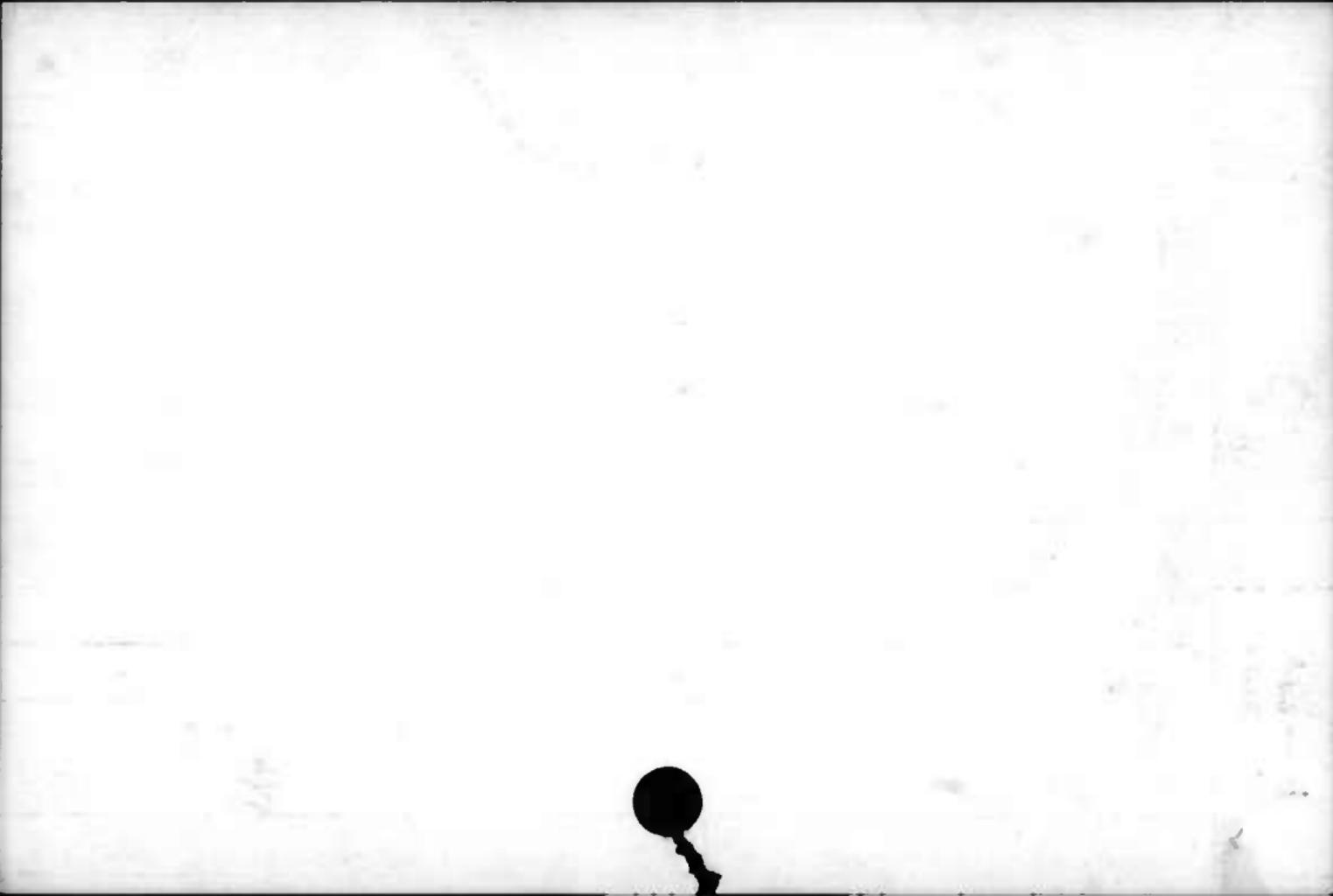
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Birthplace				
Married, Single or Widowed		Occupation					
Name of Wife or Husband			Father's Name	Father's Birthplace		Annapolis	
Mother's Maiden Name			Mary S. Richardson	Mother's Birthplace		Baltimore	
Name of person giving Information			Garther	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	15	How long	4 days
Immediate	"	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes.		Geo. Wells, Annapolis, Maryland.		
Accident or Suicide?		Address		
No.				



Name
in
Full

Eli G. Samuels

CERTIFICATE OF DEATH

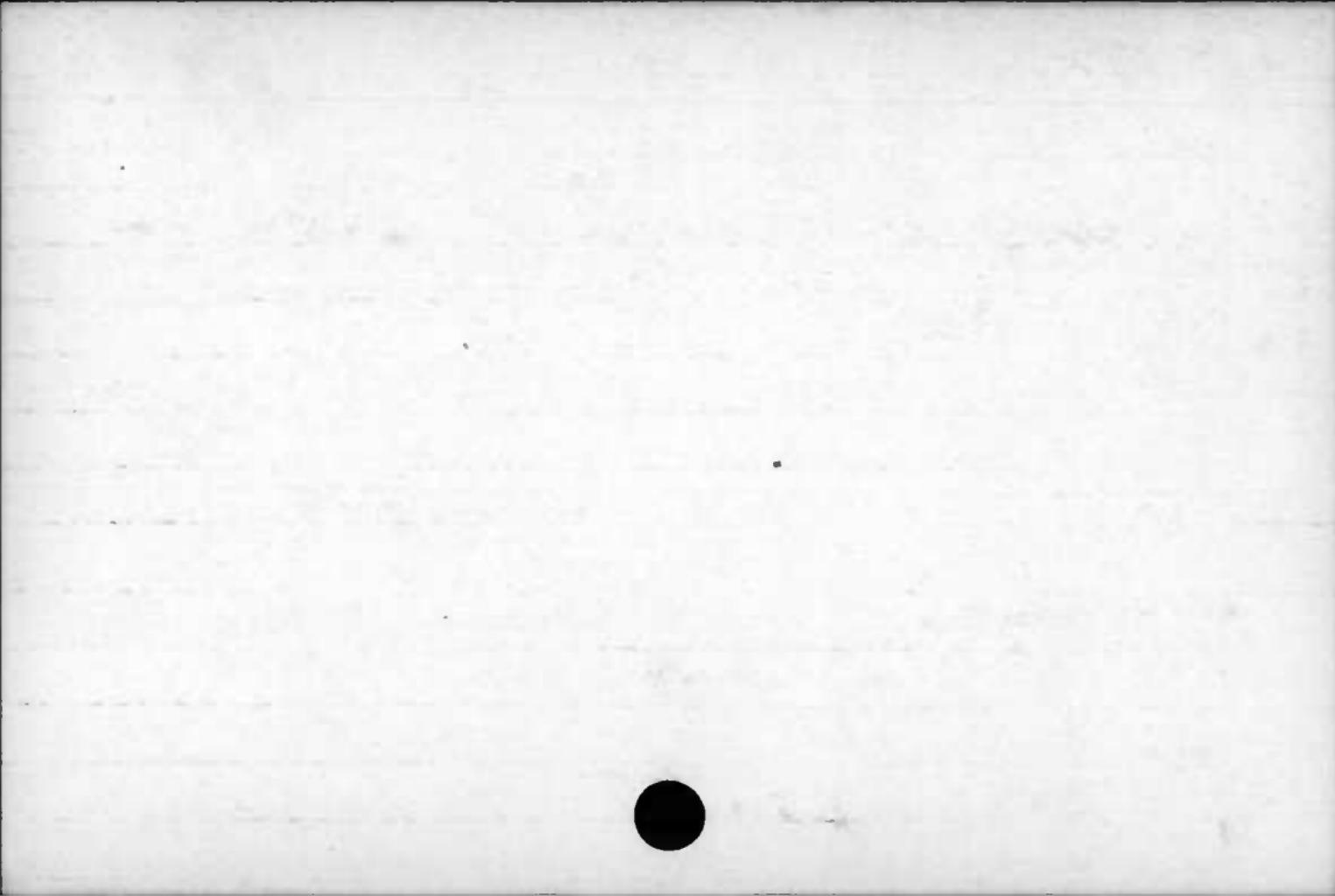
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 190	Month 3 March	Day 1 st	Years 63	Months	Days
Sex Male	Color or Race colored	Occupation Labourer		Birth- place Md	
Married, Single or Widowed					
Name of Wife or Husband Mary Lee					
Father's Name Unknown					Father's Birthplace Annapolis
Mother's Maiden Name Unknown					Mother's Birthplace Annapolis
Name of person giving Information Mary Lee	120	How related to deceased Wife			

CAUSES OF DEATH

Primary	Asthma & chronic Nephritis exhaustion	How long Months
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Kidont M.D.
Yes		Address Annapolis Md
Accident or Suicide?		

8



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Heather Stevens

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Married, Single or Widowed	Occupation					
Name of Wife or Husband	William Stevens					
Father's Name	Frank Robinson		Father's Birthplace	Annapolis		
Mother's Maiden Name	Ellen Smith		Mother's Birthplace	Annapolis		
Name of person giving information	William Stevens					

CAUSES OF DEATH

PYHICIAN
OR CORONER

Primary	Cancer of the Stomach		How long	Months
Immediate	General Dropsey		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout	
Yes 40		Address	Annapolis Md.	
Accident or Suicide?				



Name
in
Full

Charles Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex Male	Color or Race	Age 35 yr	Birth- place	Annapolis	
Married, Single or Widowed	Occupation Shoe Lanner				
Name of Wife or Husband Barney Bailey					
Father's Name Joseph Simpson	Father's Birthplace Annapolis				
Mother's Maiden Name Minerva Simpson	Mother's Birthplace Annapolis				
Name of person giving Information Barney Simpson	How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

10

How long

Three weeks

Immediate

Typhoid State

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

yes

John Ridout M.D.

Annapolis
Md -



Accident or Suicide?





Name
in
Full

Lloyd Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

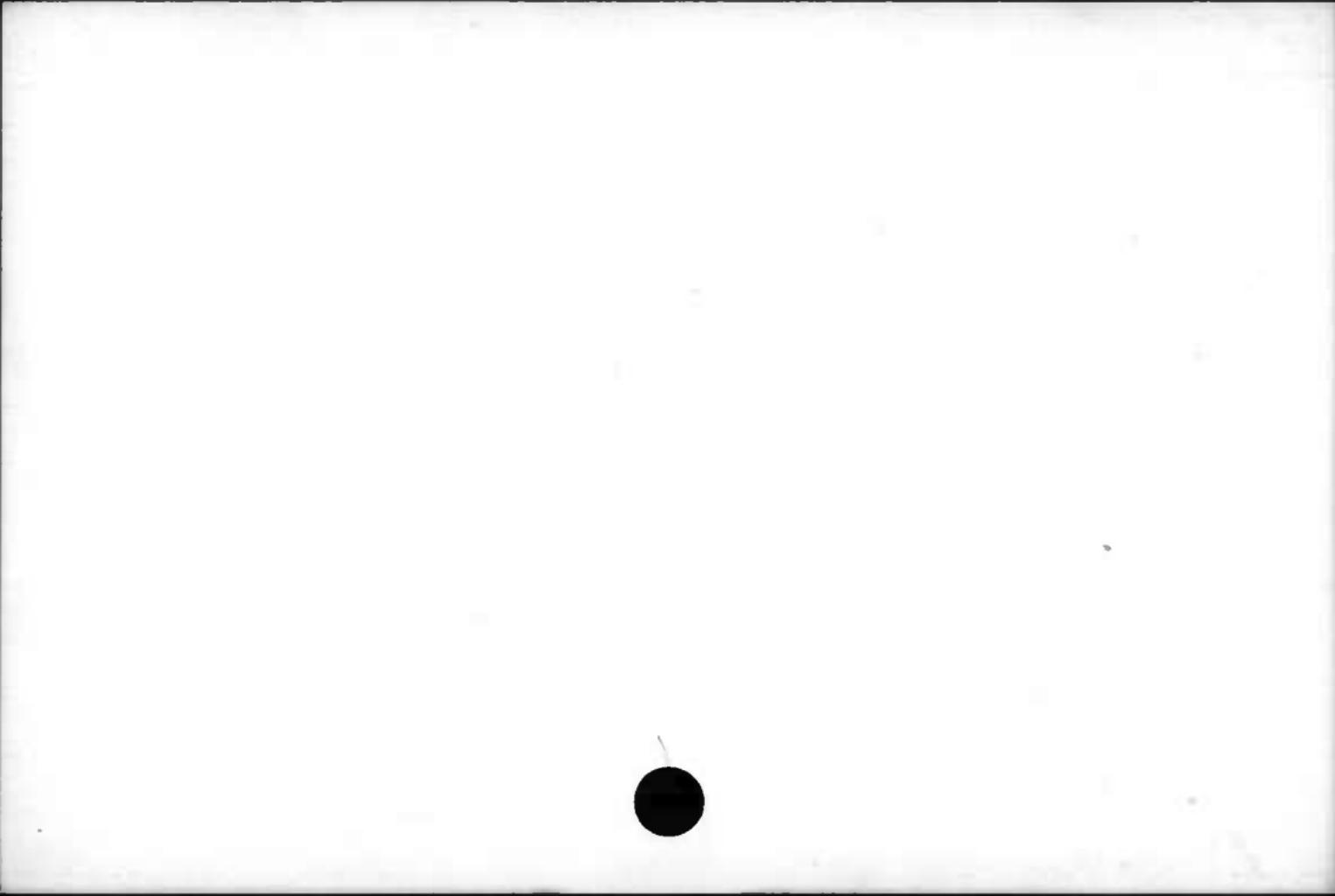
Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex Male	Color or Race	Age 63			
Married, Single or Widowed	Occupation	Married Laborer			
Name of Wife or Husband	Kearnet Gyler				
Father's Name	James Stewart			Father's Birthplace	Annapolis
Mother's Maiden Name	Willie Stewart			Mother's Birthplace	Annapolis
Name of person giving Information	Kearnet Stewart			How related to deceased	Wife

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Heart Failure to following an attack of	How long sudden death
Immediate	Influenza	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
8	yes	Address

Accident or Suicide?



Name
in
Full

Margaret Anna Strange

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Married, Single or Widowed	Occupation			Birth-place	Ann Arbor
Name of Wife or Husband					
Father's Name	Thos. E. Strange			Father's Birthplace	Ann Arbor
Mother's Maiden Name	Rosa Lena Spriggs			Mother's Birthplace	A. A. Co
Name of person giving Information	T. E. S.			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inanition & Bronchitis

How long

6 days *(since birth)*

Immediate

Asthenia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

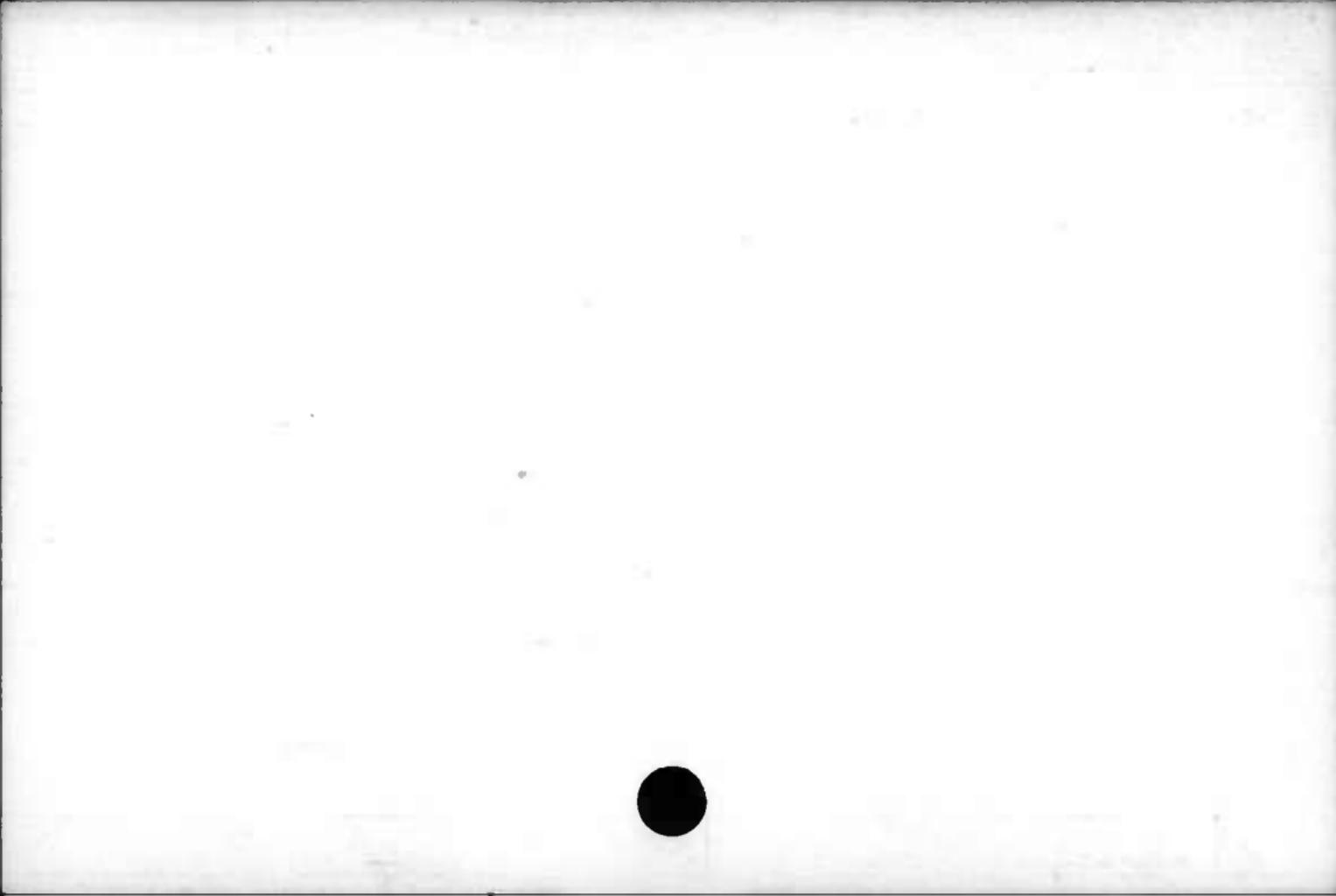
Signature of Physician

Address

Yes,
(as corrected)

Chas. D. Kunkel
Ann Arbor, Maryland

Accident or Suicide?



Name
in
Full

Jesson Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month March	Age 32	Years	Months	Days
Sex Male	Color or Race Colored	Birth-place Va			
Married, Single or Widowed	Occupation Married Laborer				
Name of Wife or Husband	Jennie White				
Father's Name	X	Father's Birthplace			
Mother's Maiden Name	Carolyn Taylor	Mother's Birthplace Va			
Name of person giving information	Jim White	How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis trouble	How long 3 Months
Immediate	X	How long X
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician DR H Tongue
		Address Eel ridge
		Md
J		
Accident or Suicide?		



Name
in
Full

Aaron Tongue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex Male	Color or Race	Age 29	Occupation Laborer		
Married, Single or Widowed	Birth-place Annapolis				
Name of Wife or Husband	Mary Seaword				
Father's Name	Annapolis				
Mother's Maiden Name	Eliza Boater				
Name of person giving Information	Eliza Boater				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Six months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

Address

John Ridout M.D.
Annapolis
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harmwood</u>		Town <u>aa</u>		County <u>MARYLAND</u>	
Date of death <u>1903</u>	Month <u>March</u>	Day <u>8</u>	Age <u>42</u>	Years <u>5</u>	Months <u>3</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>adco</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Cook</u>				
Name of Wife or Husband <u>Richard Imque</u>					
Father's Name <u>John Parker</u>	Father's Birthplace <u>adco</u>				
Mother's Maiden Name <u>Maria Parker 167</u>	Mother's Birthplace <u>adco</u>				
Name of person giving information <u>Richard Imque</u>	How related to deceased <u>Husband</u>				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary

Extensive Burns

How long

3 days

Immediate

Shock

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry Walter Latimer MD

Address

West River Md

8

Accident or Suicide?

Accident



Irving Nade

Died at	Town <u>Glen Burnie</u>	County <u>Anne Arundel</u>	MARYLAND		
Date 1903	Month <u>March</u>	Day <u>6</u>	Y. <u>11</u>	M. <u></u>	D. <u></u>
	Age <u>11</u>		Native of <u>A.A.C.</u>	Occupation	
	Male	White	Widow	Divorced	
	Female	Colored	Widower	Number of children living	
Husband of					
Wife					
Father's Name	<u>Wm Nade</u>	Mother's Maiden Name	<u>Mary Lorraine</u>		
Cause of Death	Primary <u>Invaled from Infl</u>	How long sick <u>179</u>			
	Immediate				Accident, Suicide, Homicide

Reported by

Thomas & ThomasGlen Burnie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sylvester White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Fairfield	County Anne Arundel	MARYLAND		
Date of death 1903	Month 3	Day 5	Years 6	Months —	Days —
Sex Male	Color or Race Co	Birth- place Md.			
Married, Single or Widowed Single	Occupation —				
Name of Wife or Husband					
Father's Name Walter White	Father's Birthplace Md.				
Mother's Maiden Name Mary White	Mother's Birthplace —				
Name of person giving Information Walter White	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	93	How long 3 wks
Immediate —		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Chasot. D. Brooke	
	Address Brookly	
8 Accident or Suicide?		

